Health and Human Services Committee February 02, 2007

[LB410 LB411 LB461]

The Committee on Health and Human Services met at 1:30 p.m. on Friday, February 2, 2007, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB410, LB411 and LB461. Senators present: Joel Johnson, Chairperson; Tim Gay, Vice Chairperson; Philip Erdman; Tom Hansen; Gwen Howard; Dave Pankonin; and Arnie Stuthman. Senators absent: None. []

SENATOR JOHNSON: (Recorder malfunction)...Health and Human Services Committee of the Nebraska Legislature. First, let me introduce the members of the team: Senator Pankonin; Senator Erdman; and to my immediate right is Jeff Santema; and then from the other side we've got Senator Tom Hansen from North Platte; and next to me is Erin Mack, our committee clerk. As many of you know, the senators will be...oh, and (laugh) she has beat me there already, but we have Senator Howard from Omaha who obviously is part of this committee as well. A couple of things that we need to go through and remind people of: first, these proceedings are recorded and transcribed. If you have a cell phone, please turn it off or we will turn you off. The committee will first hear proponent testimony, followed by opponent, and then neutral. Testimony is limited to three minutes. We often let the first person proponent or opponent speak longer after that, but we're not talking about how long we're sitting here. But we want to have...remember to have the courtesy to those that are on the schedule late in the afternoon, so let's remember to be brief and precise. Joining us is Senator Tim Gay. And now a couple more little rules. First, we hear proponent testimony, followed by neutral...or opponent, and then neutral. And this is Senator Arnie Stuthman from Platte Center. A couple of things: Testifier sheet available in the back for those wishing to testify publicly. We also, and it probably won't be necessary today, but if there are those of you who want to be on record, we have a place for you to sign to indicate this as well. All right, then main thing is when you come forward to testify please tell us your name and spell it. One other thing: If you want copies distributed, we like 12. If you don't have 12, the clerks will make copies for you for your distributing. Other than that, I can't think of anything else that we need to go through. Again, just urge you to remember those that will be testifying late in the day, and make your point but the brevity is appreciated. With that, let's start and open the hearing on LB410. Senator Howard. [LB410]

SENATOR HOWARD: (Exhibit 1) Good afternoon, Senator Johnson and members of the Health and Human Services Committee. And I will try to keep these two bills to the point because we've all had a long week and hopefully we can move this along. For the record, my name is Senator Gwen Howard and I represent District 9. I am here before you to introduce LB410. This is one of two bills I will present to you today that are designed to improve the quality of the service that the state of Nebraska delivers to its children and families. Simply stated, this bill places restrictions on caseloads for Health and Human Services Child Protective Service workers. Caseload standards are ratios of clients to staff members. National child welfare standards for caseloads offer guidance

Health and Human Services Committee February 02, 2007

based on the field's consensus of what constitutes best practice. They're also supported by the findings of caseload and workload studies, and by projects that show particular success in reaching agency goals. In 2005, with the support of the Health and Human Services Committee and the legislative body, I successfully passed LB264. It was a bill with several provisions that would impact children and families, one of which was language recommending that national child welfare standards for caseload caps be considered by Nebraska Health and Human Services personnel charged with establishing caseload caps for our state. Apparently the Health and Human Services System has been considering these standards since the passage of that bill, but our caseloads are still unmanageable for the people doing the work. As a result, LB410 requires that when developing caseload standards the Nebraska Health and Human Services System not exceed the national child welfare standards for new and ongoing cases. A breakdown of these standards has been provided to you in the handout you received. Many of you know that before coming to the Legislature I worked for 34 years as a foster and adoptive caseworker in the Nebraska Health and Human Services Systems. During that time I witnessed how stressed and overwhelmed new workers became as they struggled with balancing the competing priorities of completing all of the paperwork and protocol required to please the bureaucracy, and giving effective, appropriate, personalized attention to the cases they were assigned. I still meet regularly with caseworkers and have received phone calls from many who have shared their stories of their concerns that they have too many cases to do an effective job for any of the children they are serving. These are caseworkers who don't have time to return phone calls and can't possibly make all of the contacts required of them when their caseloads exceed a reasonable amount. The individuals who perform these jobs are compassionate people. They genuinely want to make a difference in the lives of children and families. That's why they sign up for this challenging job. But we set them up for failure when we give them too much work to do and not enough support. Is it any wonder that we have people leaving within the agency within less than a year of the date of their hire? Is it any wonder we have children who linger in the foster care system, designed to be a temporary intervention, for two, three, five, even seven years without a permanent resolution of their case? It's not just the caseworkers who are concerned. I am sure I am not the only senator who has been contacted by constituents who haven't been able to get in contact with case managers, or those who have children who have been in the system for years without resolve. I know others have received the complaints from families who have had three or more case managers over a very short period of time. We are failing these families, we are failing the workers, and we are telling ourselves that we are making these children's lives better. In order to truly include the quality of their lives, we need to have enough qualified people to effectively serve these children and their families when we intervene. I'm not convinced that right now we are doing the best we can for families or children. These chilling words were spoken by a child welfare worker in New Jersey, but it could have been right here in Nebraska, who often worked from 8:30 a.m. to 11:00 p.m. to meet the needs of the children assigned to his caseload: I could make a mistake; I'm a good worker, but I'm a human; I

Health and Human Services Committee February 02, 2007

could miss something: I could make the wrong choice or I could fail to locate a child's family; everyone wants us to do it and to do it now, but when you're torn in dozens of different directions it's extremely difficult to focus and make the right choices. That quote from the New Jersey caseworker was taken from an article in The Arizona Republic newspaper. New Jersey and Arizona are just two of the many states that have made the tough decision to require that their caseloads not exceed the national child welfare standards. They didn't make that decision because it was convenient or because it didn't cost money. They made it because they believed it was their obligation to do this for the children they serve. Child welfare work is intensive and taxing. Case managers must be able to engage families through face-to-face contacts, assess the safety of children at risk of harm, monitor case progress, ensure that essential services and supports are provided, facilitate the attainment of the desired permanency plan. This cannot be done if the workers are unable to spend quality time with children, families, and their caregivers. The goal of our Health and Human Services System is to ensure safety, permanence, and well-being for all children who come to the attention of the child welfare system. We need to focus on what it takes to achieve these service goals. In the federal Child and Family Service Reviews, those states that showed strength in such areas as family involvement and worker contact with children in foster care were more likely to achieve safety and permanency goals. Our caseloads must permit these activities and opportunities. In LB410, LB410 will give our Health and Human Services System the guidance it needs to do an effective job, and it will give us a system we can be proud of. In the fiscal note for this bill, Health and Human Services estimates that in order to meet recommended standards for caseload caps they need to hire 90 new protection and safety workers, 9 new case aides, and 12 new protection and safety supervisors. According to the number of protection and safety staff that Mr. Reckling has previously reported to this committee, 449, these numbers represent roughly 25 percent increase in the work force. If they are telling us they need to increase their work force by 25 percent to meet the recommended standards then that gives us some idea of how overworked the current staff are. And it should be noted that the Health and Human Services Office of Protection of Safety Annual Report 2005 cites that at the end of 2005 the Health and Human Services Protection and Safety exceeded the caseload standards by 14 percent. So if they need to increase the work force by 25 percent to meet the standard now, obviously the problem is just growing. Imagine if there were 25 percent fewer staff at your job and you needed to effectively get the job done. How would you feel each day when you went to work and had to face a workload that you knew would never be manageable? Could you consistently balance more than 100 percent of your workload on only a minimum amount of time? We have to do better for these workers and for the children and the families they serve. Protection and safety work is hard under the best of circumstances, but our staff turnover is too high and our caseloads are too high. The workers are stressed and, even with the best of intention, it simply isn't possible for them to get it all done. I know the fiscal note on this bill is costly, but retraining more than 13 percent of our child and safety work force annually is also costly. Keeping children in the system longer than we have to is costly. Sanctions and

Health and Human Services Committee February 02, 2007

fees that result from lawsuits and human error are costly. The solution is simple--it works like prevention. If we invest in the front end of the system, we cut the losses in the back end costs. Support your work force, give them what they need to get the work done, then they will do a good job and we'll have a more effective and cost-efficient system, and, most important, we will do a better job for the children and families whose lives are in our hands. Thank you. And I'll answer any questions that you might have. [LB410]

SENATOR JOHNSON: Have any questions? Senator Gay. [LB410]

SENATOR GAY: I have a question. Senator Howard, as far as technology being used, I mean, we're all asked to do more with less, it seems like, just in society, whether it's private business, government, or whatever. But technology has helped in my profession quite a bit to do more things, be more efficient. Has that been effective as far as it goes to social services in some of these kind of things? [LB410]

SENATOR HOWARD: I want to address two things that you said; first, to do more with less. If I had a, frankly, a nickel for every time I heard that (laugh) while I was working for Health and Human Services, that's a phrase that really has little meaning. When you talk about contacts with children, building relationships with families, that takes time. That doesn't happen with a phone call or an e-mail. This is a profession. This is a, if you will, a situation that requires human contact in order to make changes in how people interact with one another and with their children. It's not done over the Internet. I understand what you're saying, that there are improvements in terms of paperwork. However, the department does require that workers maintain the paper file that has always been maintained. When court reports are written, those reports are written on a hard copy and taken up to the court hearings and, frankly, the court hearings consume a great deal of time for the case managers. [LB410]

SENATOR GAY: So what you're saying, it's a personal business. I understand that, I guess. So the technology wouldn't...I guess the question, so technology is not being used to be more efficient? (Inaudible). [LB410]

SENATOR HOWARD: The N-FOCUS system that went in probably, if I remember correctly, about 12 years ago, and I was there when that happened, was designed to improve accountability and data collection and the kinds of things that you do need to keep on...records you need to keep on families and children, and the billing procedures. The Title XX billings all go through the N-FOCUS system. The system itself is limited. The system is cumbersome. It's a hard system to manage, but that's not the main problem within the foster care system. It should be supportive, but it's also time consuming. [LB410]

SENATOR GAY: Okay. And then another follow-up question: You talked about the high

Health and Human Services Committee February 02, 2007

turnover rates. I think that's a factor in a lot of things. But is pay? How would that factor in the turnover rates? I mean, instead of adding more workers, do you think...you got any... [LB410]

SENATOR HOWARD: Incentives in pay? [LB410]

SENATOR GAY: Yeah, I mean is that why people sometimes leave? [LB410]

SENATOR HOWARD: I will tell you social work is one of the professions that people go into because they believe that they can make a difference in human lives. They don't go in with the intention that they can...that they'll ever be rich or that they will ever retire in comfort, although that certainly wouldn't be a bad thing. They go in because they think they can be a part of something that makes us all have better lives. I don't believe that the salary alone would make a difference. I think the number of people...the commitment, the commitment of both the department and, frankly, this legislative body to improve the lives of children and to ensure their safety would make the difference, and the number of employees available tells the tale. That will tell right there how committed the department is to addressing the needs of children. [LB410]

SENATOR GAY: Thank you. [LB410]

SENATOR JOHNSON: Any other questions? Well, I've got one and it's kind of almost a follow-up of what Senator Gay is asking, and what it is, is this; is that when we made a tour of the state's mental health regions here this past fall, I remember that we were up at Norfolk and there was a situation where they had a lot of people in a high level of their facility, you know, high care level of their facility, and the question came up, you know, we need more space. Well, did they need more space? And as the discussion went on there certainly was a question of the problem wasn't the amount...an adequate of space that they had now, but the problem was to get the people on to the next level. In other words, the problem was with the next lower level of care, so you couldn't get them out of the high level. So it looked like the high level was the problem, and I guess what I'm asking here is this, and you used the term "bureaucracy," and yesterday we had the Chief Justice here to talk about trying to expedite the passage of foster care children through the system and so on, and so those two things kind of came together in my head, I quess is what I'm asking. And, you know, we added, what, 100 or 200 social workers within pretty recent memory, in the last couple of years anyhow. Is adding another group of social workers the answer, or is it improving the bureaucracy is the answer? I didn't mean to make a speech, but I wanted you to look at the problem from that standpoint. Are we fixing the thing that's broke most? [LB410]

SENATOR HOWARD: I have spent a lot of time looking at this issue and certainly a lot of my years in working it firsthand, I'll tell you, and you can put this into the content of your...context of your question, when I left Health and Human Services as an adoption

Health and Human Services Committee February 02, 2007

caseworker I had over 50 children on my caseload, and the recommended caseload size is 17. So when you look at that, you can clearly see that that's not a workable number. The children don't receive the attention that they deserve to have. [LB410]

SENATOR JOHNSON: I think we'd all agree with that. But is the problem that you can't get the children out of the system or on to the next step, rather than that you've got 50 children? [LB410]

SENATOR HOWARD: You know, you're talking about a system with multiple problems. I would say the caseload size... [LB410]

SENATOR JOHNSON: And that's what I'm getting... [LB410]

SENATOR HOWARD: ...the caseload size, for me,... [LB410]

SENATOR JOHNSON: That's what I'm trying to address. Rather than adding to the bureaucracy, is there a way we can make the bureaucracy more efficient? [LB410]

SENATOR HOWARD: Are you asking me which I feel is the bigger problem,... [LB410]

SENATOR JOHNSON: Yeah. [LB410]

SENATOR HOWARD: ...the more pervasive problem? [LB410]

SENATOR JOHNSON: Yes. Yeah. What shall we fix first? [LB410]

SENATOR HOWARD: I'd say the chronic shortage of staff is such a serious problem that if I had to begin anywhere I would start with that. [LB410]

SENATOR JOHNSON: Okay. Senator Gay. [LB410]

SENATOR GAY: I've got another question, I guess. Do we...you've been in the practical experience. Sometimes you get asked to do more and more and more things that aren't related to your actual job performance. [LB410]

SENATOR HOWARD: That's true. [LB410]

SENATOR GAY: Now do we...has there ever been a study or anybody looking at this, we as a legislative body or anything else, it comes down the pike, it keeps going down to that worker that has to do the work. Could we get rid of a lot of these unnecessary things and let them focus more on their job and then maybe they could get more work done? Has that ever been looked into, or... [LB410]

Health and Human Services Committee February 02, 2007

SENATOR HOWARD: Well, from... [LB410]

SENATOR GAY: ...instead of adding more workers, have them do their core functions and not all the other nonsense that probably is there? I shouldn't just throw that out without knowing. [LB410]

SENATOR HOWARD: Sure, no, I know...I know exactly what you're saying. But from... [LB410]

SENATOR GAY: But can we go there? [LB410]

SENATOR HOWARD: Well, from time to time, there are things. There are desk audits done is a term they use within the system, and that's really to assess the tasks that workers do, which is exactly what you're asking about. And I don't remember the number at the last desk audit, but it's a countless number. The one way to relieve some of that additional stress is through the case aides, who are very helpful and are really the people that are far better at doing the computer entry, for the most part, than the case managers themselves. They're a support system and, as any of us know, having a support system really allows us to do a much better job. But there are very few of them. [LB410]

SENATOR GAY: But in that, there's only 9 in this bill, said only 9 of those, and 90 additional caseworkers. If the 90 case... [LB410]

SENATOR HOWARD: Well, that's using the proportion that we have right now. [LB410]

SENATOR GAY: Well, would the support of the 9 case aides be... [LB410]

SENATOR HOWARD: Right. [LB410]

SENATOR GAY: ...more helpful than the 90 other workers? [LB410]

SENATOR HOWARD: I won't argue with...I won't argue that additional case aides would make a big difference and, of course, they're paid less than the trained social workers. But as far as the family reunification, the actual hands-on, the work with the children, that's got to be done by the trained professional social workers. Case aides really are not equipped to handle that and, frankly, we wouldn't want them to. [LB410]

SENATOR JOHNSON: Senator Erdman. [LB410]

SENATOR ERDMAN: Senator Howard, this isn't a question to you, but it's going to be responding to Senator Gay's comments. In the past few years, the committee has undertaken efforts to--and we mentioned this a little bit in the LB296 discussion, and

Health and Human Services Committee February 02, 2007

Jeff did a lot of this work on our behalf--is to go through every statute that has authority granted to the department and then to outline what those authorities are, and that information has been given to the department as a part of their reorganization process. And it's my hope, as a current member of this committee, to see them continue to pursue through what we have authorized them to do to figure out what their roles are. You know, I think, maybe not a fitting analogy, but it's almost like having a barnacle on a boat that's going to sink. I mean, we're trying to take something off that might be a problem, but the bigger issue is if it was on the <u>Titanic</u> you'd want to know where the iceberg was. And I think it's probably a bigger issue than maybe what we're looking at here, but I'm not going to disagree with you, Senator Howard, that there are more than one component. This may be one of them. But I think what the Chairman and what Senator Gay are trying to get to is that we probably have a bigger issue that we would all agree need to be looked at, and I think you're just bringing this one idea for our discussion. But I think what you're hearing is that there's probably more interest in solutions than maybe what this one idea would solve. [LB410]

SENATOR HOWARD: Well, I appreciate that. I would have felt bad if you hadn't asked a question (laugh), Senator Erdman. [LB410]

SENATOR ERDMAN: I've evidently been anointed that authority,... [LB410]

SENATOR HOWARD: Yes, you have. And clearly, clearly... [LB410]

SENATOR ERDMAN: ...so I'll do my best to fulfill that role for all testifiers today. So be prepared. [LB410]

SENATOR HOWARD: If you'll remember when I spoke on the reorganization bill on the floor, I supported it but, like Senator Dubas, with caution. You know, we'd all like to be hopeful that reorganization is going to lend some improvement to the many, many areas within the department that are falling short. I can only come in and offer you some solutions. I can offer you what I know and what I've experienced and what I genuinely believe will make a difference, and make a difference in the service delivery to children. That's what we all care about. I have no doubts of that. I think this body wants to see the Department of Health and Human Services protect kids. And I think they want to...we all want to feel that, when we get these calls and we're able to consult the Department of Health and Human Services, that they're going to address the issues that we have been called on. I think that this has gone on for far too long without having serious improvement in the numbers of case managers, in the way that we deliver services to protect kids. [LB410]

SENATOR ERDMAN: Didn't we hire 120 new employees a few years ago as well? [LB410]

Health and Human Services Committee February 02, 2007

SENATOR HOWARD: That was a result...yes, we did, and that was a result... [LB410]

SENATOR ERDMAN: So... [LB410]

SENATOR HOWARD: ...of the Governor's task force in 2003, but factor into that...

[LB410]

SENATOR ERDMAN: But just for...just for the record, I mean, it hasn't been going on forever that we haven't done anything. I mean, we've actually hired 120 new employees in the last three years to help facilitate some of the concerns that you and others, through the task force, have brought up. [LB410]

SENATOR HOWARD: Absolutely. And prior to that there was a senator from District 9 who was here prior to my being here who was able to get positions for forward fills for case managers. The problem comes in with the high turnover. We lose as many people as we train. The turnover range is anywhere from 5 percent to 14 percent, depending on what information you're attaining from the department. [LB410]

SENATOR ERDMAN: And again, I mean, there are good folks here to testify and... [LB410]

SENATOR HOWARD: Uh-huh. [LB410]

SENATOR ERDMAN: ...we're going to be here for awhile after the hearing, I would imagine, in this session visiting about these issues, but again, you're asking to hire an additional number of individuals and we still have a problem with turnover and other things, and your argument is if you hire more folks you'll have less turnover, but in reality you're probably still going to have some of that turnover anyway, and there's more global problems that have to be looked at as well in addition to this. And we just...I think that's the idea, is that we don't get focused just on one issue, it's going to be solved by doing one thing, that...and you and I may have different philosophical ideas of how to accomplish that or what the rules should be in the department or whatever, but I think we have the same general goal and that is that we're trying to do the best that we can to take care of the kids that we're responsible for. And my ultimate goal is not to limit the number of foster families and adoption, individuals working to do permanent settings for those children under adoptions and other things, and I think that's what the Chairman is getting at a little bit, is that we have...if we had the opportunities and we weren't running families out of the system based on the way that we treated them, and there are other bills that deal with that in the past, I think we would have less of a workload for some of those folks that are currently employed as well. But I mean it's global, and I think you know that better than I do. I'm just sharing my observations with you. [LB410]

Health and Human Services Committee February 02, 2007

SENATOR HOWARD: I appreciate that. [LB410]

SENATOR JOHNSON: Any other questions? Well, let's here what the witnesses have

to say. [LB410]

SENATOR HOWARD: The witnesses. [LB410]

SENATOR JOHNSON: Thank you. Proponents please, how many? How many? One, two, three, four. Opponents? I see none. Neutral? Okay. Welcome. [LB410]

DEB STRUDL: (Exhibit 2) Hello. Good afternoon. My name is Deb Strudl, S-t-r-u-d-l. I was asked to appear here today at the request of the Nebraska Association of Public Employees to support LB410. I have worked as a child protective services...protection and safety worker since September 12, 1985. I started with the Department of Health and Human Services in Nebraska City, where I had 93 children to serve in three counties: Cass, Otoe, and Nemaha. I support LB410 because I have had the opportunity over the past 21 years to see how lower numbers have better outcomes for the youth we are here to provide safety and protection services to. I went from a caseload of 93 youth in the three counties to 29 youth in Lancaster County when I transferred in 1987. With fewer youth, I was able to meet the families and children and services providers and other professionals to move the children home sooner, while assuring that the appropriate services were in place to meet the children's and families' needs. As the years went by, the number of youth grew on my caseload. The outcomes of safety and permanency slowed down. With 93 children on a caseload, children stay in the system longer. Permanency through adoption and guardianship for many of the children was put on hold because the worker knew those children were in safe, stable situations, and the children and families that needed the most attention got that attention as there were only so many hours in a week and only one worker. The Nebraska Health and Human Services System has made tremendous strides to have the finest protection and safety programs available to Nebraska. I have always been proud to be a protection and safety worker with the Health and Human Services System. We've gotten beaten up in the press from time to time. Nebraska's foster care numbers are higher than other states. We can lower those out-of-home foster care numbers if we have lower case numbers per worker. To invest in Nebraska's children we have to have worker-youth ratios that allow for the adequate provision for safety of children in their own homes. I'm a very sensible, down-to-earth person, but I've always had trouble understanding how, in Lancaster County alone, our juvenile court system added two more judges to cover the higher numbers of youth coming through our court systems but the caseworkers didn't increase by 66 percent. If I were a farmer and increased my farm acres, I'd want to upgrade my tractor. My 5000 Series John Deere tractor with the 6-row planter wouldn't get the job done as efficiently or effectively as a 9000 Series four-wheel drive using a 12-row planter. If I had a grocery store and then bought a supply warehouse, I wouldn't expect the same number of employees from my

Health and Human Services Committee February 02, 2007

grocery store to be able to maintain my warehouse. Currently, I am assigned to the Integrated Care Coordination Unit in Lincoln. The caseloads in this unit are lower than those of my peers at Lincoln local. My having lower case numbers, I am afforded the ability to work more intensely with cases that have been determined to meet criteria that require intense interventions and more one-on-one time. Working at the Integrated Care Coordination Unit with smaller caseloads allows for two or more meaningful contacts with the family and youth each month, regular team meetings which address the needs of the children and family, the ability to effectively utilize already existing resources in the community or locate family-specific resources and incorporate informal supports into the family so that the families do not return to our system once they're discharged. Research has shown that when you spend more time building a working relationship with the family and the children, they are returned home sooner, safety is attained, and they are released sooner from the system. Their well-being is maintained. Although the Integrated Care Coordination Unit is still in its early stages, there are positive outcomes. The number of children being served in their own homes has increased. I'm not real good at keeping track of numbers. We have people that do that for us. So I asked Jenny Hill from our Quality Assurance Department for some of these numbers. In a 12-month period, 66 youth were followed. At intake, 12 percent were in the home. Twelve months later, 32 percent were in home with services. The number of children in foster care was at 28 percent at intake, and ended at 22 percent; treatment group homes had 13 percent at intake and ended at 6 percent; regular group homes went from 11 percent to 9 percent; relative foster care went from 9 percent to 7 percent; residential treatment centers went from 7 percent to 3 percent; juvenile offender detention centers, from 5 percent to 2 percent; and shelter care went from 3 percent to 1 percent. Agency based foster care placements increased from 8 percent to 12 percent, and treatment foster care from 1 percent to 2 percent. Those are numbers that would be expected because they are still lower levels of care than RTC, so those numbers would be expected, as their high levels have decreased. Not all youth are able to return home, but their level of care can be lowered. When children are served at a lower level of care, especially in the home, taxpayers save money. I don't know the total costs of all the children in out-of-home care, but I'm sure I'll read the numbers in the newspaper. I do know that it costs money to reimburse foster parents. The cost of group home care is set at \$65.50 per day; for 15 youth would be \$29,475 per month. The rate for care at the Lancaster County Youth Detention Center just increased to a little over, I think, \$235 a day, or \$105,000 per month for 15 youth. If we had the workers to meet the children's needs in the home, we would save money. In one month of children being at home as opposed to the two placements that I just cited and those costs, we've just paid for the yearly salary of four caseworkers and provided services to 60 children. By supporting a worker-to-children ratio that is reasonable, there are additional fiscal benefits. For one, we train workers who become overwhelmed and quit, some before the training is completed. Most guit within the first year of doing this job. When we start over training new workers, with pay, we're spending more money. I talked to the new workers and the trainees. We have several in our office that are forward fills. I'm told they are

Health and Human Services Committee February 02, 2007

overwhelmed by the number of youth on their caseloads and they worry about the safety of the children they work with. Every worker's fear is that a child will be hurt or die on our watch. If we can be more watchful, we believe that we can prevent harm to these children. We can assist their families to correct the issues that brought them to our attention and provide permanency, through reunification or adoption, to children in a more timely manner. [LB410]

SENATOR JOHNSON: Any questions? I see none. Thank you. [LB410]

DEB STRUDL: Thank you. [LB410]

SENATOR JOHNSON: Next, please. [LB410]

MIKE MARVIN: (Exhibit 3) Thank you. Good afternoon, Senator Johnson, members of the committee. My name is Mike Marvin, M-a-r-v-i-n. I'm the executive director of the Nebraska Association of Public Employees. We represent 11,000 state employees, including these workers you're talking about today. Senator Howard, thank you for introducing this bill. We really appreciate it. Senator Gay, if you want to send more money our way for our employees, we'll gladly take it, you know? Today you're going to hear a lot about how capping caseloads will result in better service for the children trapped in a foster care system. This is all true, and I could sit here and cite numbers and statistics out of the foster care review report or out of the child death study. I don't need to do that. You have the reports. You're quite capable of reading them yourself and understanding. I'm here today to talk to you about the men and women who perform the work you're considering. Senator Gay, these people do not go into this work to get rich. They really go into it because they care and they believe and they want to make a difference in this world. Lost my place here. I'm sorry. I do need to say today, though, that several of the workers that I contacted today about coming here to testify--Deb came at my request--didn't feel they could take the time away from their caseloads to come here. They felt that their caseloads would suffer. Some of them didn't want to come for fear of retaliation from HHS, and I believe that fear has some merits. And if any of you would ever care to have a discussion about that with me, I would make myself open to you at any time. The database that we receive at NAPE every month from the state lists the number of protective services workers. We have 408 workers listed. That doesn't include administrators. I don't get the breakdown of these workers, whether they're adult protective services, child protective services, initial assessment, or other support, but of that 408, 150 have less than three years of service. That's 37 percent. Only 116, or 29 percent, have more than ten years of service. Turnover is high. My figures show about 14 percent; 13.9 is what I came up with. Morale is low and we are falling farther behind every day. Because of the high caseloads, the supporting paperwork, court time, the lack of support from HHS, many feel that they are not accomplishing anything and leave. I hope that capping caseloads would encourage experienced workers to stay and greatly improve working conditions, and I would urge

Health and Human Services Committee February 02, 2007

you to move this bill out of committee. Thank you very much for your time. [LB410]

SENATOR JOHNSON: Thank you, sir. Senator Stuthman. [LB410]

SENATOR STUTHMAN: Thank you, Senator Johnson. Mike, I appreciate your remarks there and the emphasis is on trying to have more money so we can get more caseworkers. Do you think that that's a good investment, or should we be spending those dollars on trying to keep the kids out of getting into these situations so we don't have to...you know, we're in the treatment all the time. Should we be spending those \$10 million on trying to keep people from getting into the system? [LB410]

MIKE MARVIN: In the long run, Senator, I believe that trying to keep youth from getting into the system would be better, but we're at the point right now that we have so many in the system that we need to address that and move on from there. And if we don't address that, not only do I think that they will be in the system as foster care, there's a good chance that many of these children will fall into the legal system later on as they grow older too. So, yeah, I really do believe that in the long term it would be better money spent to get them out of it, but we're in the situation now where we have to address it. [LB410]

SENATOR STUTHMAN: Okay. Thank you. [LB410]

SENATOR JOHNSON: Any other questions? Yes, Senator Gay. [LB410]

SENATOR GAY: I've got a question. Twice now you've talked about turnover... [LB410]

MIKE MARVIN: Uh-huh. [LB410]

SENATOR GAY: ...and the caseload, you keep going back to the caseload, and I understand what you're saying, but the question, do you do, like, exit interviews and where you keep track? We do exit interviews and say, hey, what did you like? Why are you leaving? Do you do anything like that? [LB410]

MIKE MARVIN: Senator, I don't get a chance to do that. I represent the union that represents these people... [LB410]

SENATOR GAY: Okay, they do... [LB410]

MIKE MARVIN: ...and we don't...we don't get to do the exit interviews and those things, so... [LB410]

SENATOR GAY: You can't answer that question then? Okay. [LB410]

Health and Human Services Committee February 02, 2007

SENATOR JOHNSON: Any other questions? I see none. Thank you, sir. [LB410]

MIKE MARVIN: Thank you, senators. [LB410]

SENATOR JOHNSON: I might add that here's a letter from the Center for People in need in support of LB410. (Exhibit 8) Any other proponents? [LB410]

JENNIFER CARTER: (Exhibit 4) Good afternoon, Chairman Johnson, members of the committee. My name is Jennifer Carter and I'm a staff attorney at Nebraska Appleseed Center for Law in the Public Interest, and I'm the project director of our child welfare system accountability project. The project seeks to protect the rights of children in foster care and work for meaningful reform of the system. Nebraska's children have a constitutional right to be free from unreasonable risk of harm and a right to reasonable safety. The goal of that is to protect these children's well-being and health, and when you make caseloads unmanageable for case managers it makes it often impossible for them to do their job and protect the child's well-being as well as they might otherwise be able to. If you want to make good decisions for children, the caseworkers have to spend time talking to the child, in the first place, if the child can speak to them, is old enough; you have to talk to the family members; you need to determine what services the child needs; then you have to coordinate all those services. And when you're talking about somebody carrying a caseload of 50 children, you can't even visit every child, if you were going to visit one a day, within a month, and do all the other things you need to do, paperwork and otherwise. Demanding that caseworkers do all this for the children, which they need to do, while simultaneously asking them to carry too high a caseload really puts them in an untenable position. We think LB410 is particularly important because, as Senator Howard mentioned, this would actually require that the department keep the caseloads to national standards that we have found to be acceptable rather than merely requiring that they consider it. There's been a lot of discussion around caseloads and the foster care system in this state for a long time, and I've been here I think at least three times supporting caseload caps, and I think you're right that it is not the only solution. I think there are a lot of problems in the system that need to be addressed, but I think right now we have so many children in the system that, I mean, there just needs to be some...something needs to be done to deal with all the kids that we have now so, as Senator Johnson was mentioning, so we can get them on to the next step. And you can't get them on to the next step if caseworkers don't have enough time to give each case the attention that it needs. So we think this is an important first step in looking to reform the system and we would ask that the committee advance the bill. And I'm happy to answer any questions. [LB410]

SENATOR JOHNSON: Any questions? I don't see any. [LB410]

JENNIFER CARTER: Thanks. [LB410]

Health and Human Services Committee February 02, 2007

SENATOR JOHNSON: Thank you very much. Any other proponents? [LB410]

JEFF MOHR: (Exhibit 5) My name is Jeff Mohr. The last name is spelled M-o-h-r. I'm the director of the social work program at Nebraska Wesleyan University here in Lincoln, but actually I'm here today in my official capacity as a board member of the Nebraska Chapter of the National Association of Social Workers to testify again in support of this bill. I represent 600 members across the state of Nebraska of the Nebraska Chapter of the National Association of Social Workers. As I've listened to the testimony of the people before me, I'm not sure that I could convey any better than Senator Howard and the other proponents of this bill have the importance of this bill, but I will add a few other comments and that's from the standpoint of an educator. The vast majority of the students that go through my program, what they want to do is work with children and families. That's what they desire to do. That's their passion. That's what they come to me saying that they want to do when they get their degree. I would really like to be able to sincerely and honestly look them in the eye and tell them that when they get their degree, when they go...if they opt to interview for a position at Health and Human Services, which some of them are at least considering doing, that I can look them in the eye and say they will have the support they need to do a good job, they will be able to use their education in a way that will benefit children and families, they will not be overwhelmed with a caseload that's unmanageable and not be able to provide the quality of service that they've been trained to provide in our program. So that's really what I...the points that I would like...I would like to stress. And I would like to thank Senator Howard for introducing this piece of legislation. I think it's an important piece of legislation. And again, as many other testifiers have said, it won't solve everything. There's a lot of other things that we could be and should be doing, but I think this is a reasonable and appropriate step. And I thank you for listening to my testimony. [LB410]

SENATOR JOHNSON: Thank you, sir. Any questions? Very good. Thank you. Any other proponents? I'd say that I have a letter...I'll back up on this one. We'll save it for now. Go ahead. [LB410]

KATHY MOORE: (Exhibit 6) Go ahead. (Laugh) Here, I have a second handout. Senators, I'm Kathy Moore, M-o-o-r-e, with Voices for Children in Nebraska, and I apologize for being late. I was in another committee hearing. So I don't want to risk repeating what others have said other than to indicate that Voices for Children in Nebraska is strongly in support of advancement of LB410. I think that I actually have just put together a set of strategies related to what I believe will turn around the foster care system and begin to serve foster children in a way that they have not been served in the last 20 to 25 years. And I think an appropriately sized and trained and qualified case work force is really where Nebraska needs to start. I, unfortunately, have been here before the Legislature on three separate occasions where we actually appropriated funding for new case managers and never have the number of positions identified in the original bill been fully implemented. And so I think that the need for this bill is very clear.

Health and Human Services Committee February 02, 2007

I actually just happened to receive yesterday an article that I passed out as well saying "Overhaul may be only hope," and it talks about experiences in Illinois, Michigan, a couple of other places. On page 3 of that there is a quote that says if you expect people to do 100 percent of the work you should give them 100 percent of the resources. If we are staffed at 81 percent, then there is 19 percent of the work we can't expect to get done, and that's now how we establish laws and policies. We set forth responsibilities for staff, but we have not fully funded the work force in the past. So I think LB410 takes us in the right direction and I urge passage of that bill. Thank you. [LB410]

SENATOR JOHNSON: I guess I got to ask the first question this time. I'm confused, and here we're talking about...I guess you have two things that you can do. You can cut down on the number. Let's say that we have 400 people that need to be served and the caseload is 40 per person, that gives you ten people that you need to have. Now with that being the case, we...let's say that we had 600 that we need to serve. Well, I'm confused here that we hired more people the last time and we never got those hired, and yet now we want to lower the number of people that they see. I...what happens to that group in between? [LB410]

KATHY MOORE: Well, if I'm understanding your question, I... [LB410]

SENATOR JOHNSON: Yeah, I'm deliberately making it confusing because I don't...I see a gap there that in one way you want to say that you want to have more, in another context... [LB410]

KATHY MOORE: Well,... [LB410]

SENATOR JOHNSON: ...we don't have...we haven't hired these people to fill the gap that we're talking about. [LB410]

KATHY MOORE: And I don't have all those numbers in front of me and I actually spent a little bit of time. Todd Reckling is here, so hopefully he'll be able to answer some numbers questions. But I just pulled their annual report that went up on their web site and that was where there was a statement that I believe 78 of the 120 positions were filled. What I don't know for sure is the exact number of foster children at each juncture. So if you take July of '04, '05, '06, and now '07, my understanding is that the number of children went up until the middle of last year, and then it began to go down. But what I also don't know, I remember the Governor, when he issued the proclamation, if you will, that we reduce the number of children in foster care, some of the children that he prioritized in that reduction were children who already were at home with parents not receiving services. [LB410]

SENATOR JOHNSON: But my question is, wouldn't raising the number of hires to the authorized level of 120 from, what, 78 or I forget the exact number, but it's a significant

Health and Human Services Committee February 02, 2007

difference, wouldn't, if you hired those 42 people more, wouldn't that make...automatically make for fewer people... [LB410]

KATHY MOORE: Yes. [LB410]

SENATOR JOHNSON: ...that they had to serve? [LB410]

KATHY MOORE: Yes. [LB410]

SENATOR JOHNSON: Well, then why do we want to put the cap on that when we theoretically have the mechanism in place by hiring more people that's been authorized? [LB410]

KATHY MOORE: Because there hasn't been a mandate to do that. Does that...I mean, there has not been a mandated cap. There has been a suggested cap, and Senator Howard can probably close. I've missed whatever testimony or dialogue has occurred in the last 40 minutes. [LB410]

SENATOR JOHNSON: Okay. Yeah. Well, I knew, yeah, yeah, I knew you were two places and so on, but... [LB410]

KATHY MOORE: Yeah. [LB410]

SENATOR JOHNSON: ...but it would just...that would be the question that I think most of us here would ask, is since the mechanism is already there to reduce the caseload, then why do we need the cap? [LB410]

KATHY MOORE: Well, (a) I assume it either hasn't been funded or that the funds have been spent elsewhere, so we would have to fund it; and secondly, this will change over the course of the next 20 years and, due to term limits, you all will not be here. I have been here for 25 to 30 years and what I am telling you is there hasn't been a mandate. There have been moments where people have said we should reduce the caseload to X, but there has not been a sustained momentum that has accomplished that. Does that answer your question? [LB410]

SENATOR JOHNSON: Good enough. [LB410]

KATHY MOORE: Okay. [LB410]

SENATOR JOHNSON: Anyone else? [LB410]

KATHY MOORE: And this...and this puts those words on the books that aren't on the books currently. [LB410]

Health and Human Services Committee February 02, 2007

SENATOR JOHNSON: Senator Gay. [LB410]

SENATOR GAY: Kathy, this is going to be a question, not to you, because you come in late, but I just wanted to while I've got it in my head here. [LB410]

KATHY MOORE: (Laugh) I'm a warm body, right? [LB410]

SENATOR GAY: As follow-up to Senator Johnson, if 120 positions have been allocated to be budgeted for and we've only filled 78, prior to you coming here I've asked several people is it a pay thing, is it...are there other reasons why people are coming, can't get them hired, they keep leaving the system? To me, shouldn't we look at that first, stop the leak in the bucket per se, and then that would help fill these positions. But are there other issues than just more, we need more people to lower the caseloads? Is caseloads the only thing that we're not keeping good people or...? I think it could be other things. Because, like I say, if we've only hired 78 out of 120, how can we go...? And I understand what you're saying on the mandate. So as other people testify on this or Senator Howard can cover that or something, but in my head it's going round. [LB410]

KATHY MOORE: Well, and... [LB410]

SENATOR GAY: We need to fix that first... [LB410]

KATHY MOORE: Yeah. [LB410]

SENATOR GAY: ...before we do this. [LB410]

KATHY MOORE: And the reason that I'm late is that I was meeting with the Appropriations Committee for a couple of hours to talk about this exact same issue. [LB410]

SENATOR GAY: Yeah, and I don't... [LB410]

KATHY MOORE: And you are correct, there are many issues that need to be addressed and I think I testified here in LB296 HHS restructuring hearing about some of those; that there really does need to be an overall vision within the agency that addresses many of these deficiencies, if you will. But in all of the research that I have been doing lately, and that article that I passed out to you speaks to it as well, and Jess McDonald is a director of a health and human service agency from Illinois, and took that agency from being among the worst in the nation to being among the best in the nation. And he partly would agree with you and say there is a need for a culture shift, but he is also saying you can't start that culture shift if people have unreasonable...if you worked on an assembly line and it was proven that you could put together 100 widgets every hour but

Health and Human Services Committee February 02, 2007

the conveyor belt brought you 200 widgets every hour, regardless of how much training you had or whether you got an extra five-minute break, you wouldn't be able to physically do 200 widgets in an hour. And I think that's what I would respond to you with regard to caseload. No, more caseworkers isn't going to solve it in and of itself, but making sure we have enough caseworkers, enough supervisors, and enough clerical help consistently across the state will enable us to say this is what the job of a caseworker should be, this is how they should be supervised, this is how they should be assisted. [LB410]

SENATOR JOHNSON: Let me ask you a more direct question then. Since there are a lot of things that, quote, need fixing in the system and we're going to be pretty tightly budgeted this year, would this be your number one priority? That's a tough question, I know, but... [LB410]

KATHY MOORE: It is, and I... [LB410]

SENATOR JOHNSON: ...but that's the question we're asked. [LB410]

KATHY MOORE: Right. Well, and I may choose to follow up with a firm answer, but as I've...as I and some of my staff have testified and will continue to testify, I think that the tight budgeting wouldn't have to be as tight and that we are exacerbating our problems if we don't improve childcare subsidies, healthcare coverage. There's many, many of these areas that are tightening the reins on this. [LB410]

SENATOR JOHNSON: But which? Which of those, the ones that you're mentioning, which one would you pick out that we need to fund now? [LB410]

KATHY MOORE: I would...I would, and I know this isn't the direct answer to your question and I, again, I reserve the right to respond in writing (laughter), I would reduce some of the tax revenue reduction strategies and... [LB410]

SENATOR JOHNSON: But that's spending more money. I'm talking about minimal budget increase. [LB410]

KATHY MOORE: No, we're taking some money off the budget table through some of the revenue strategies that I would leave... [LB410]

SENATOR JOHNSON: Oh, you're transferring it from one agency to another, sort of thing. [LB410]

KATHY MOORE: ...that I would leave on the table. And I'm not sure, I'm not sure whether this would be my top priority. I guess I want to look more carefully at the whole issue. [LB410]

Health and Human Services Committee February 02, 2007

SENATOR JOHNSON: But, see, that's what we have to try and sort out and just kind of want to point out to you and the whole audience that that's the difficulty. [LB410]

KATHY MOORE: Right. And I think that's partly true. I also think there is something to be said for advancing it to the floor when you've got the fuller array in front of you, and then, then I'm better able to respond to that question. [LB410]

SENATOR JOHNSON: Okay. All right. Hey, thanks for coming. [LB410]

KATHY MOORE: Okay. Thank you. [LB410]

SENATOR JOHNSON: Any other questions? Thank you. [LB410]

KATHY MOORE: I will never come last again. (Laughter) [LB410]

SENATOR HOWARD: Oh, you did fine, Kathy. [LB410]

KATHY MOORE: I promise. Thank you. [LB410]

SENATOR HOWARD: Thank you, Kathy. [LB410]

SENATOR JOHNSON: Oh, you're always welcome. [LB410]

KATHY MOORE: All right. [LB410]

SENATOR JOHNSON: Okay. Any other proponents? I don't think there were any opponents, were there? Are there any that showed up? Neutral? [LB410]

TODD RECKLING: (Exhibit 7) Good afternoon, Senator Johnson and members of the Health and Human Services Committee. My name is Todd Reckling, R-e-c-k-l-i-n-g, and I'm the administrator for the Office of Protection and Safety within the Health and Human Services System. I'm here in a neutral capacity today to provide information as you consider LB410. LB410 requires HHS to not exceed workload standards recommended by national child welfare organizations when they're establishing caseloads to carry out child welfare services rather than merely taking those standards under consideration. There are several national child welfare organizations, such as the Child Welfare League of America, the National Association of Public Child Welfare Administrators, and the Council on Accreditation, which have developed child welfare caseload standards over the years. The recommended standards vary between these organizations. Some of the standards are outdated. The handout I provided you shows the standards for the Child Welfare League of America in comparison to the standards that have been set for Nebraska. The department's current standards were established

Health and Human Services Committee February 02, 2007

in 1992. Child Welfare League of America standards were established and updated in 2003. As you can see from the handout, Nebraska's standards are very similar to those of the Child Welfare League of America. A point of clarification regarding LB410 may be how the department determines our caseload when there are multiple organizations with established standards. As of June 30, 2006, the department employed 371.5 protection and safety workers. There were also 15 protection and safety worker vacancies at that time. An additional 48 protection and safety trainees at that time were in some phase of training and not assigned a caseload. Through the department's contract with the behavioral health regions, integrated care coordination units, there were another 78 care coordinators doing case management as of June 30 of '06, 7.5 vacancies, and 20 care coordinators in some phase of training and not assigned a caseload. Adding together the 371.5 HHS protection and safety staff who are managing caseloads, and the 78 care coordinators who are managing caseloads, there was a total of 449 staff assigned to case management functions and whose work could be factored into a determination of the caseload size. The other 68 staff in training and the 22.5 vacant PSW positions, due to staff turnover, do not factor into the caseload size. Because of staff and training and vacant positions, the total full-time equivalent, the FTE, count will always appear higher than the actual number of workers who are performing case management duties on any given day. As you were aware, last June Governor Dave Heineman directed Health and Human Services System to take specific actions to ensure continued improvements in services provided to our vulnerable children and families. Reducing caseload sizes is positively impacted by these types of activities, since children are being moved to permanency or being discharged as state wards. I'd like to take this opportunity to just briefly highlight the progress made simply from June 22 of this year through June 30 of this (sic) year. Governor Heineman's first priority was to place a priority on resolving the cases of kids ages zero to five--our most vulnerable population. Within that zero to five subgroup a priority was given to place permanency...to achieve permanent placements for children who have spent 15 or more of the last 22 months in state care. Nearly half of Nebraska's children in the child welfare system meet or exceed those parameters. Of those, nearly 5,032 children in out-of-home placements that meet or exceed the 15 to 22, we had been reviewing 566 of those kids that are age zero through five who fit that criteria since May of '06. One hundred and sixty-nine, 29.9 percent, of those children originally identified from that May group have been successfully moved to permanency and discharged as state wards. From June to December of '06, an additional 269 children also then fell into this priority criterion, and of those 21, or 7.8 percent of those children, have also been successfully moved to permanency and discharged as state wards. Another priority Governor Heineman had was that HHS prioritized the resolution of approximately 600 kids that were never removed from their home but still under state wardship and receiving services, or had been living safely at home for seven or more months after having some episode in out-of-home care and then returning back to their home but still as state wards and still under the jurisdiction of the court, and so far, of those 339 kids, 54.9 percent or those children identified in May have been successfully moved to

Health and Human Services Committee February 02, 2007

permanency and had their cases closed and are no longer state wards. Again, from June to December, there were an additional 613 children that came into those categories. One hundred and ninety-nine, or 32 percent, of those children have also been successfully moved to permanency and discharged as state wards. LB1089 appropriated approximately \$6.1 million for the funding of 120 protection and safety workers that you've been discussing. I thank you for this opportunity to testify and I look forward to hopefully having you repeat many of your questions so I could answer those for you. [LB410]

SENATOR JOHNSON: Okay. Senator Pankonin. [LB410]

SENATOR PANKONIN: I'll start out with that. Thank you, Senator Johnson. Todd, thanks for coming, and hopefully you can help us. So we've got...know, and in the context of a new person hearing about these issues and we've got LB1089 with 120 people, so out of those 120 people we do have the 78? Or there's still, like, there's 42 openings? [LB410]

TODD RECKLING: If you'll allow me to elaborate just briefly, I won't take up much time. [LB410]

SENATOR PANKONIN: No, that's fine. [LB410]

TODD RECKLING: Just to clear the record, the appropriation under LB1089 started to fund positions back in the '02 or '03-04 year, and then the '04-05, so because of the session we were able to get partial funding in '03-04 and then full funding in '04-05 and then continuation of that. So based on LB1089, there were 120 total positions that were identified. Based on the workload standards, for every so many...every protection and safety worker that you have, you also have to have some ratio of a supervisor, and then some ratio of a support staff to the worker. So the 120 positions, based on those standard ratios, made us eligible to receive 78 protection and safety workers. There were 27 support staff, 6 supervisors, 8 quality assurance staff, and 1 Indian child welfare specialist identified. So those numbers add up to the 120. And we worked very diligently to immediately recruit, hire, and get into training those 120 workers, and so all 20 of those positions have been hired, have been filled, and are in the field and working at this time. [LB410]

SENATOR PANKONIN: Thank you. That did help. You handed out this chart with...which was also very helpful, about Nebraska's standards from 1992. With these standards, where are we at versus actual at this time or, you know, or a time that you can identify? [LB410]

TODD RECKLING: I would like to point out a couple things. Senator Howard mentioned her prior bill that went into effect in 2005, LB264. Prior to that, the department was

Health and Human Services Committee February 02, 2007

required to report every two years to the Legislature, and Senator Howard made some adjustments on those standards as well as the reporting requirements for an annual report. We are working on that now and we are close to...there were quite a few additional requirements for us to put in the system to meet compliance with Senator Howard's request under the law under LB264. She...the additional requirements were not just for HHS employees but also that we reported out the differences between the HHS employees and any contracted employees we have. I'm very close. I have a rough draft of that report and I look forward to presenting that to the Legislature no later than the end of this month. And to answer kind of in-between those, our annual report that Senator Howard referenced, in 2003, when LB1089 first started and we based those numbers for that request on the 120 positions, we were at 129 percent of the standard. In 2004 we moved down to 119 percent of the standard, and in 2005, as Senator Howard indicated in our annual report, we were down to about 114 percent of that standard. I don't know, it's a little bit early for me to speculate, but I'm definitely pleased with the progress that the standard is we're moving in the right direction. And as I just testified, based on the priorities that we're working with Governor Heineman, we had an all-time high of state wards in April of this (sic) year. We had 7,800... [LB410]

SENATOR PANKONIN: Of last year. [LB410]

TODD RECKLING: Yes, excuse me, of '06, 7,803. As of December of '06, we're down to 7,212. That difference in 600 kids, divided by the standard, whether you factor in the Nebraska standard or the Child Welfare League standard, 600 divided by 15 or 20 is nearly 25 to 30 caseloads that factor into that. So I will have those numbers real quick for you, but the standards, we're definitely getting closer and it's just too early to speculate. Moving 600 kids in the last few months I think is phenomenal progress. [LB410]

SENATOR PANKONIN: Do you think that you have the adequate resources to do justice to the kids and to keep making progress in this area? [LB410]

TODD RECKLING: It's a short answer, which I'd like to elaborate on, but I will keep it short. Yes, I believe that is identified here and this committee has pointed out in various questions and comments that doing business more effectively and efficiently and different are...moving kids so they don't linger in the foster care system certainly frees up not only monetary resources but also human resources. So I definitely believe we have adequate resources at this time to meet the needs, as long as we continue to shift and make those movements. We've never had a...been in a position like this before where we've had the Legislature's support, through funding of LB1089. I've got the Governor (inaudible) child welfare is a priority for him. Both the former and current Chief Justice have prioritized children in the court system, and there's lots of effort going on for reform right now. We've got over 30 regional teams led by a regional judge that are going to impact and are impacting. It's not on the horizon, it's happening now, the

Health and Human Services Committee February 02, 2007

changes that are occurring. So are we where we need to be? Absolutely not. Are we getting there? Yes. You know, you asked about turnover a little bit too. The national turnover rate for a protection and safety worker is about 30 to 40 percent, and if you look at our annual report, my turnover rate last year for protection and safety worker was at 15 percent. Can we do better? Yes. Are we where we need to be? No. Are we better than a lot of other states? Yes. [LB410]

SENATOR PANKONIN: Thank you. [LB410]

SENATOR JOHNSON: Senator Gay. [LB410]

SENATOR GAY: Todd, you had talked about the turnover rate is less than the national average. Do you do exit interviews and things to try to improve that constantly? Sounds like a good rate, but are you always trying to improve that? [LB410]

TODD RECKLING: I can't say that we have a 100 percent of exit interviews. We do that in some of our areas. We also have looked at...it's been a few years now, but we had a specific study that the University of Nebraska-Lincoln, through the Center for Children, Families and the Law, helped us look at. We were very interested in our retention efforts and why staff were leaving. The survey was going to capture why staff stay, and one of the things we learned, so it's kind of the flip of why they leave, why did they stay, and we learned from both...looking at both of those things that money was not the big factor, as you can imagine. You heard testifiers before me today, people don't get into this business for money. But what we did hear is that workers need supervisory support and they need support from the system, and that was one of the bigger, if not the biggest, one. I believe supervisory support was in the top three, so money is not the whole issue. [LB410]

SENATOR GAY: Then a follow-up question: So it says in this bill there's 12 supervisors, 9 case aides, some of those things maybe instead of the 90. Are you looking at improving that situation then? If you know that supervisory is part of the problem, are you doing anything to fix that problem? [LB410]

TODD RECKLING: Well, one of the things, and again, the numbers I quote here today and report to you are based on June 30, so since June we have, from...I will have...the report that you will get in February will be through December, and so even from June to December I have moved another 500 kids. So based on that, we will be able to adjust our system. So certainly the supervisors, we recognize, is a key component. How we allocate and adjust will be based on all of the numbers comprehensively when we have those. [LB410]

SENATOR GAY: Yeah, look forward to seeing that. [LB410]

Health and Human Services Committee February 02, 2007

SENATOR JOHNSON: I guess, yes, Senator Hansen. [LB410]

SENATOR HANSEN: Thank you, Senator Johnson. Todd, thank you for coming today. I have one quick question about the 15/22 rule. The 15/22 rule excludes jail time, incarceration time. Do you think that needs addressed? [LB410]

TODD RECKLING: If I could back up and then get to your question just briefly, 15 to 22 is a federal requirement under the Adoption and Safe Families Act that went into effect in 1997, and then also Nebraska enacted the...into law a Nebraska ASFA requirement. The 15 to 22 is kind of what I would categorize as maybe a tickler. It's not a mandate. It basically lets the system know that it can be used as a factor for proceeding with a termination of parental rights. Termination can actually start prior to that, if that needs to happen in that particular case. The courts have latitude to determine, based on individual needs of that child and family, what those parameters and circumstances would be for those exclusionary factors not to do the termination at 15 and 22, such as, you mentioned. Jail time is certainly one of those that can be applied. It's not a mandate, however. It's up to the discretion of the court. Another one that is frequently weighed heavily is the treatment component. You have heard and will continue to hear lots of information around parents that are using meth and so if parents are in treatment, treatment for the parent and/or the child, if the child was in residential treatment for their own mental health, can be also factored into that, or if the child is with a relative. So I don't know that there has to be further mandate on the application of that. I think that as a system, and that's one of the things we talked about with the Supreme Court and other judges and that's part of the reform effort that the regional teams are looking at now, is how do we keep kids moving through the system so they do not linger in foster care, and how do we adequately apply that 15 to 22 rule? There's also a very important hearing that happens even before the 15 and 22. There should be a 12-month permanency hearing. So even at that 12-month marker you know the direction and can move on in that case before hitting the 15 and 22. [LB410]

SENATOR HANSEN: Oh, thank you. [LB410]

SENATOR JOHNSON: Any other questions? I see none. Thank you very much, sir. [LB410]

TODD RECKLING: Thank you. [LB410]

SENATOR JOHNSON: Any other neutral testimony? Senator Howard, I see none, would you like to close on LB410? [LB410]

SENATOR HOWARD: I would. I would. And I would like to thank Senator Hansen for his question and just a bit more point of clarification. Jail time is looked at as a consideration for termination of parental rights. If the parent is incarcerated for an

Health and Human Services Committee February 02, 2007

anticipated longer period of time than would be reasonable to be released and parent the child, that's certainly a consideration, along with the factor that if they are incarcerated or have had a death of another child in the family, that's an additional consideration for termination of parental rights. So, yes, it is certainly a consideration and should be. We cannot continue to do business the way we have been at Health and Human Services because clearly it's not getting the results we need. The Governor made a commitment to improving the services we deliver to children and families, and I supported the reorganization he proposed. I believe that is a step in the right direction. But as I testified on the floor, changing the structure of the agency will not change the way it performs. If we want to change the way we function we have to set clear standards for performance, and I believe limiting caseload caps is a single most important change we can make to improve the quality of the services we deliver to children and families. And I want to point out that one of the great difficulties that we have in doing any kind of research we do regarding Health and Human Services is getting numbers that reflect the true situation, and I imagine some of you have experienced that in the past yourself. The fiscal note that we have is based on the need for a 25 percent increase. The information that's been published reflects a 14 percent in...that the child protection and safety services' numbers on caseload exceeds the standards by 14 percent at the end of 2005. So whatever the true picture is, you know, we kind of have to look at this and see what does reflect the true need. I want to tell you also that LB1089 that was passed in 2004, and I was a part of the Governor's task force regarding children in the system, the positions that were funded, the 120 positions that were funded I believe were intended for direct services to protect children. Clearly, that was what the commission was focused on. That was what they wanted to assure would be put in place to protect children. Now keep in mind we've already heard that 78 of those positions went to child protection and safety, directly into services; 6 went for supervisors; 27, and I would debate this a bit, but 27 were assigned to new case aides and support staff; 8 went to quality assurance positions, and those are really reviewer positions within the system; and 1 went to an Indian child welfare specialist, which had previously been funded and was in the system, so I am unsure why that was included in that count. But we really have to also factor in that during this period of time Health and Human Services experienced an increase of 16.4 percent in the total of state wards that came in. So while you're getting these additional workers, having them trained, which takes generally 17 weeks worth or training, and then you have other workers that are leaving because the turnover rate has not declined, it's only increased, you are not going to keep up with the needs of these children by any way you look at it, by anybody's numbers. Under the current circumstances, we know that it is inevitable that eventually someone is going to drop a ball. That might be okay if we were juggling toys, but these workers, these case managers, are juggling the lives of children and we cannot afford to have them drop any child on our watch. I urge you to make this investment in Nebraska and to advance LB410 out of committee. And do I think this is the one single answer to the problem? I don't. But I come in with bills to address this and I tell you we've got to start someplace and we've got to get serious about it, and

Health and Human Services Committee February 02, 2007

we've got to admit there's a problem and we are the ones to set policy to address it. Thank you. [LB410]

SENATOR JOHNSON: Any questions? Senator Howard, I see none of you. [LB410]

SENATOR HOWARD: Thank you. [LB410]

SENATOR JOHNSON: That ends the hearing on LB410. You want to begin on LB411. [LB410 LB411]

SENATOR JOHNSON: Take your time. We need to relax for a second here anyhow. [LB411]

SENATOR HOWARD: Thank you. I appreciate it. We collect a lot of paper. [LB411]

SENATOR JOHNSON: Go ahead. [LB411]

SENATOR HOWARD: Good afternoon... [LB411]

SENATOR JOHNSON: LB411. [LB411]

SENATOR HOWARD: (Exhibit 1) LB411. Good afternoon, Senator Johnson and members of the Health and Human Services Committee. For the record, my name is Senator Gwen Howard and I represent District 9. I'm here before you to introduce LB411. LB411 with the proposed amendment, and I'll have that handed out for you, requires the Nebraska Health and Human Services System to insure that the training provided to new child protective service, foster care, and social services employees is conducted by an accredited postsecondary education institution authorized to offer undergraduate and/or graduate level social work education credit for the training hours completed by employees. The provisions of this bill will improve the quality and the credibility of the training being offered to new employees coming into the child protection services system. Currently, the training is being conducted by the Center for Families, Children, and the Law, otherwise known as CCFL. While CCFL is located within the University of Nebraska at Omaha, they are not an accredited body and are not authorized to offer undergraduate or graduate academic credit in the area of social work. According to the Nebraska Health and Human Services System, the cost for training through CCFL is approximately \$10,000 per trainee. LB411 would transfer that training responsibility to one or more accredited postsecondary institutions, which may include the University of Nebraska at Lincoln, Omaha, or Kearney in addition to other institutions across the state authorized to offer undergraduate or graduate social work credit. While this transfer of duties would not necessarily preclude the university from remaining a partner in this project, by shifting these duties to schools of social work the training cost would be reduced. The reduction of cost would incur because one, the

Health and Human Services Committee February 02, 2007

infrastructure currently exists within these institutions to provide academic instruction. And two, the 17 week course would be charged at a cost per credit hour rate. This is a common sense bill. Professionals providing specialized services are generally required to have training from accredited educational institutions. When you seek services from a doctor, a lawyer, cosmetologist, architect, you name it, we need to know that they have received their education from an institution that has been accredited to provide the training. Social work is no different. Knowing that the training was provided by an accredited institution provides public perception that the employees have the knowledge and the skills necessary to do the job. Child protection and safety, foster care, and social services workers perform very specialized work. These individuals are required to make critical, life-changing decisions on behalf of thousands of children and families in Nebraska. It is imperative that these workers are qualified to do the job and that the public trusts the credibility of the individuals serving them. You will hear testimony today from individuals representing postsecondary institutions that will speak of their ability to offer this training. They will offer rationale as to why this training should be provided by an accredited learning institution authorized to offer social work credit. In addition to improving the quality of the learning experience for trainees and decreasing costs for the state, this change will also give incentives to workers by providing them with academic credit for the training hours they complete. LB411 is one more step toward improving the quality of the services the state of Nebraska delivers to children and families. Thank you. [LB411]

SENATOR JOHNSON: I'm sorry. Reading something else here. Yes, Senator Erdman. [LB411]

SENATOR ERDMAN: Meanwhile back at the committee, Senator Howard, quick question for you. The numbers that you used for the cost of the training, where does that come from? I mean, do you have...you said it's, I think, \$10,000 a trainee. Do you have...you said HHS. [LB411]

SENATOR HOWARD: That's the acknowledged figure from the department that that's what it costs. And actually we do have those numbers. Let me hand those out to you. Funny you should ask that. [LB411]

SENATOR ERDMAN: I'm glad you were ready. The program that costs the \$10,000 that you say involves how many equivalent...if you were going to make this according to the way your bill would be, how many credit hours generally would that equate to? [LB411]

SENATOR HOWARD: You know, I don't know what the credit hours would...that would be a question for the university. But the point being that now there are no credit hours being offered for the 15 weeks that are spent in training, but if it were transferred to the graduate school of social work there would be credit hours offered and this would be an opportunity for people to progress in that master's level program. [LB411]

Health and Human Services Committee February 02, 2007

SENATOR ERDMAN: The bill as written only required for graduate level, and your amendment, I believe, allows for undergraduate. Under the green copy of the bill, it's my understanding that there's one facility that meets that definition and under your amendment, if it's adopted, there would be multiple facilities that... [LB411]

SENATOR HOWARD: Across the state. [LB411]

SENATOR ERDMAN: ...would be capable of doing this. I guess how do you envision that happening? Would each undergraduate facility provide this training or would it be one of them would be eligible to...because as I understand it now, there's a contract with one specific group to provide the training statewide. How do you envision, under your amendment, allowing the multiple facilities to be able to provide this training? Is it just something that they would extend as a part of their curriculum or... [LB411]

SENATOR HOWARD: That's such a good question. Right now there is one facility. It's located in Omaha, which of course, would mean that any new hire coming in from your area of the state or wherever, would have to attend 17 weeks of training in Lincoln, which includes the cost of transportation and other details. With the... [LB411]

SENATOR ERDMAN: We'll just go this step by step. It's my understanding, and then a visit with folks, that they actually do the training in western Nebraska so that may not be accurate. They actually provide the training in Gering where the HHS site is and actually also in Bridgeport, which is a central hub for western Nebraska. So some of this training is actually done in the field. [LB411]

SENATOR HOWARD: On site, but that is not...I don't believe that's the majority of the training that's done on site. I believe that's the practicum experience. [LB411]

SENATOR ERDMAN: And I'm sure there's others here. Okay. I guess the question that logically comes to mind is is there a problem with the existing provider? And the comment that you made was credibility. I think you're meaning accreditation or that type of credibility. [LB411]

SENATOR HOWARD: Professional training. [LB411]

SENATOR ERDMAN: It's my understanding that there are other training opportunities in the state for professionals that aren't accredited. In other words, they don't get curriculum credit for it. I would venture to say that most people wouldn't consider our state patrolmen not credible, but their training isn't accredited. That doesn't reduce the credibility of their training. I'm just trying to understand the ultimate need for requiring this to be a accredited program instead of a--what I would consider--a credible program which opens it to a broader group but maybe holds them to a similar standard. And I

Health and Human Services Committee February 02, 2007

think I understand where you're going with the other bills that you have introduced to make this a logical progression for those that would enter this area with social work, but I'm just trying to understand practically speaking, one, is there an obvious problem with the existing provider and is this the right fit to resolve that? [LB411]

SENATOR JOHNSON: I guess that's kind of what I was thinking, too. [LB411]

SENATOR HOWARD: Yeah. [LB411]

SENATOR JOHNSON: Why do we need this bill, I guess, to put it very succinctly almost abruptly? [LB411]

SENATOR HOWARD: If you consider social work to be a profession, and not to discount in any way the highway patrol or any of our law officials, because I have great respect for them of course, if we consider social work to be a profession and if we value accreditation and degrees and if we want these new trainees to work toward becoming master's levels or better in the field, better able to work with families, more credible in court frankly, to be able to go in and give professional testimony, we have to be very focused on offering them that opportunity. [LB411]

SENATOR ERDMAN: Point well taken, but it still doesn't answer, I guess, the question of is that not being accomplished now under the existing training or with the existing employees that have gone through this training? [LB411]

SENATOR HOWARD: I would suggest to you that if we have a turnover rate that goes anywhere from 4 percent to I've heard 14 percent, and I've talked to workers who have come out of training and stayed at the department less than five months, I would say there's an issue that we need to address. [LB411]

SENATOR ERDMAN: As the smoke comes out of my ears from the gears jerking in between them, I'll wait for additional testimony. I'm not sure that you can probably answer my question, but we'll see what the future testimony comes and then we may have another one in close. [LB411]

SENATOR JOHNSON: I've got a question from Senator Hansen. [LB411]

SENATOR HANSEN: Thank you, Senator Johnson. Senator Howard, according to the fiscal note, the Center on Children, Family, and the Law, or the CCFL, is at the University of Nebraska-Lincoln. [LB411]

SENATOR HOWARD: It is. It's on the campus. [LB411]

SENATOR HANSEN: Okay. The current contract would need to be terminated and a

Health and Human Services Committee February 02, 2007

new one entered into with UNO's schools social work or other schools and that contract now is \$3,063,000. [LB411]

SENATOR HOWARD: Well, if that's what the fiscal note tells us that's what we were able to learn. [LB411]

SENATOR HANSEN: Yes. Is there a surplus of social workers now? [LB411]

SENATOR HOWARD: I would not say there is. [LB411]

SENATOR HANSEN: Is there an adequate number in school? In school. [LB411]

SENATOR HOWARD: An adequate number to me...what criteria? [LB411]

SENATOR HANSEN: To fulfill whatever social work needs to be done in the state, I assume. [LB411]

SENATOR HOWARD: There are two things that maybe would help to better understand this. Child protection services workers that are new hires to the department don't have to have a master's degree or a higher level of training. They will come in with a bachelor's degree and not always in social work. Related fields are considered to be appropriate to be hired. If you consider the bachelor's level related degrees that are available in the state, yes, there's an adequate number there. If the department were only to hire master's level social workers, there would not be enough. [LB411]

SENATOR HANSEN: Are social workers, when they do graduate from the colleges around the state, are they job ready for, say, HHS, for child protective services? Would they need any additional on-job training like CCFL provides now? [LB411]

SENATOR HOWARD: They need additional on-job training. That's why the 17 week course is in place clearly, and that started--I'd have to stop and think back--probably 8-10 years ago when there were some significant problems within the system. The problems with the turnover and the problems with the morale and the problems with the child deaths they didn't just happen a few years ago. This has been a chronic and ongoing problem. The additional training is very valuable to focus in on the areas of child protection. And the graduate school is equipped to do that as are the undergraduate schools as well if they have the instruction and work as partners with the department. [LB411]

SENATOR HANSEN: Thank you. [LB411]

SENATOR JOHNSON: Get back to the fiscal note for just a second. What, if any, would be the increase in cost to do this with your bill? [LB411]

Health and Human Services Committee February 02, 2007

SENATOR HOWARD: Actually we would save the department money, because the \$10,000 training requirement that's being paid now to the Center for Families, Children, and the Law would not be the cost with the graduate school in social work. Per credit hour cost would be less. [LB411]

SENATOR JOHNSON: Okay. All right. Any other... [LB411]

SENATOR HOWARD: Phil has a question. [LB411]

SENATOR JOHNSON: Oh, Senator Erdman. [LB411]

SENATOR ERDMAN: You handed out the sheet, Senator Howard. Can you show me where you come up with the \$10,000? I see general costs here and there's four different categories of training offered and then estimated costs. Can you point me to where you arrived at? Are you just taking the numbers and dividing? [LB411]

SENATOR HOWARD: Actually that's an acknowledged figure and I will tell you, to be more accurate, the cost per training the child service worker is \$11,500. The cost for training each of the new social services workers is \$5,000. So it's kind of a division of those two figures if those figures were added together. [LB411]

SENATOR ERDMAN: Does that training include anything other than the training? Does it include the--what am I trying to say--does it include the recruitment efforts? Does it include any of that? [LB411]

SENATOR HOWARD: It doesn't. [LB411]

SENATOR ERDMAN: It's just the training. [LB411]

SENATOR HOWARD: It doesn't include recruitment and it doesn't include any type of a mentoring program after the employees is back in the department doing the work if that's... [LB411]

SENATOR ERDMAN: And so if I add up these costs of training, it should equal the amount that is expended under the contract, because this is what... [LB411]

SENATOR HOWARD: I would say you're accurate in that. [LB411]

SENATOR ERDMAN: Okay. All right, thank you. [LB411]

SENATOR HOWARD: You're welcome. [LB411]

Health and Human Services Committee February 02, 2007

SENATOR JOHNSON: Any other questions? Thank you very much. [LB411]

SENATOR HOWARD: Thank you. [LB411]

SENATOR JOHNSON: Proponents. One, two...would you like to come forward sir?

Ma'am? [LB411]

JEFF MOHR: (Exhibit 2) Senator Johnson, members of the committee, I welcome the opportunity to testify in support of LB411 and I believe I can answer some of the questions, especially some of the ones that, Senator Erdman, you asked about the schools in particular. Again, my name is Jeff Mohr, the last name is M-o-h-r, and I'm director of the social work program at Nebraska Weslevan here in Lincoln. And again. I'm also testifying on behalf of the Nebraska Chapter of the National Association of Social Workers, 600 members in the state. I'm also going to stick my neck out a little bit and say that I represent 1,500 licensed social workers in the state of Nebraska. I'm going to take a risk on that. And also the seven schools of social work here in the state and that includes--just for your clarification--the University of Nebraska-Omaha is the only master's degree program in the state. They also offer the bachelor's degree at UNO and then there are six other schools in the state--Creighton, Chadron State, Nebraska Wesleyan, Union College, Dana College, and the University of Nebraska-Kearney--that offer the bachelor's degree as well. Social work has its roots in helping children and families. One of our heroes is Grace Abbott, whose bust is here in the Nebraska Hall of Fame here at the Unicameral. Very recently in fact, beginning in December 2005, all the schools got together and worked on a proposal whereby there would be a statewide program for social work students who would commit to employment with the Department of Health and Human Services' Office of Protection and Safety. We met with the state several times. The state was supportive of our efforts, but hesitant due to the continuing lawsuit which limits their financial support. All social work programs in Nebraska are accredited programs, which means they have met the standards and conditions of our national accrediting body which is the Council on Social Work Education. We train and educate social work students very efficiently and effectively. These seven programs would dramatically, we believe, increase not only the number of well-trained social workers in the state's child welfare system, but would enhance the delivery of services to children and families due to their professional training. According to the National Association of Public Child Welfare Administrators, the hiring criteria for child welfare practice should include "academic qualifications of a bachelor's or master's degree in social work or a degree in a closely related field." Health and Human Services Departments in at least 45 states have established partnerships with undergraduate and graduate social work programs to address the shortage of child welfare workers. The programs recruit and train qualified workers, which enhances the quality of services to children and families and professionalizes the child welfare workforce. There are several social work faculty and adjunct faculty who are practitioners in the field of child welfare to do an exemplary job of training social

Health and Human Services Committee February 02, 2007

work undergraduates and graduates for a career in the Office of Protection and Safety with assurances that these students who become child welfare professionals will remain with HHS comparable to the financial support they've been given in their training program. What we proposed, basically, was that for every year that a student was in training in a graduate/undergraduate program, they would agree to, once they graduated, to spend an equivalent year in employment with HHS. They would sign a contract to that effect. There are funds available for that through Title IV-E through the federal government. This agreement would support HHS immensely and would be able to rely upon trained professional social workers for a longer period of time, which would, in essence, save the state money. Workers oftentimes train now, enter into the system, leave within a year, and that's not being very fiscally responsible in our view. We feel that when social work students are trained in the child welfare area because it is their passion to work with families and children and are supported in their decision making by trained supervision, then their departures from Health and Human Services will decrease. Currently, such employees without social work education oftentimes lack professional training and skills to effectively serve children and families and their caseloads resulting in the turnover rates that several people have spoken about today. I've given you basically three pieces of testimony from three of my colleagues for you to look at that makes several of these same points. I would add that according to several empirical studies on training of child welfare workers, workers who completed training in accredited undergraduate or graduate social work program have been found to improve worker retention and worker competence in the delivery of child welfare services. Child welfare staff with social work degrees rate higher on worker performance measures and are better able to deal with the complex problems that are a part of child welfare practice. There are several studies, again, referenced in some of the documents I've given you. Secondly, child welfare agencies that require workers with social work degrees have lower rates of turnover. I would close by quoting from the federal general auditing office regarding this issue and I quote, "A stable and highly-skilled child welfare workforce is necessary to effectively provide child welfare services that meet federal goals; however, large caseloads and worker turnover delay the timeliness of investigations and limit the frequency of worker visits with children, hampering agencies' attainment of some key federal safety and permanency outcomes." The bottom line is this. We are already training students to do this work. I think one of the mistakes we've been making is hiring well-meaning people with good intentions without the appropriate academic degree and the appropriate academic training. Our students at both the undergraduate and graduate level complete 400-600 hours of field practicum training in their senior year, in the case of undergraduates and their...well, for the same amount of training in the case of the graduate students. What we would do with this agreement that we've been trying to work with in the state is require them to complete that training in a child welfare agency. They would be ready to go, save perhaps learning a little bit about how the HHS system works, the paper work, the way that organization works, etcetera. Certainly some of that would be on the job. But they would be ready to go and they also would have made a commitment and signed a contract to stay on equivalent

Health and Human Services Committee February 02, 2007

to the number of hours that they've received funding at the schools. That's something that we, our program directors at the various social work programs, have been working very hard on and I think the state has cooperated with us on this to an extent, but because of the lawsuit--and I don't know all the details about that, I can't speak too directly to that--we've been waiting. We've been waiting for quite some time and we will continue to wait. But I think Senator Howard's bill...you know, we thought we could do this without introducing legislation, but we have gotten to the point where we, as a group, feel it's a legislation that needs to happen to hopefully push this along. So I appreciate your listening to my testimony and I'd be happy to answer any questions any of you might have. [LB411]

SENATOR JOHNSON: Senator Erdman. [LB411]

SENATOR ERDMAN: Mr. Mohr, the program that you talked about where the undergrad and the department, through your organizations and training, have the opportunity to get federal funding and do that under the Title IV program and go through that process. That's independent of this training program currently, correct? [LB411]

JEFF MOHR: That is correct. [LB411]

SENATOR ERDMAN: And that could exist independent of whatever is envisioned in this bill. Your intention is to mirror them or to bring them closer together so that one piggybacks on the other. Is that it? [LB411]

JEFF MOHR: Well, I think that's debatable. I think part of what we're arguing is that I think we would feel that, with the program we're proposing, that the training that's currently in place would either not be necessary or wouldn't need to be as extensive as it is right now, because our graduates would be trained appropriate and be ready to go under these positions in a way that's not happening right now. [LB411]

SENATOR ERDMAN: So you took a step out and said you were speaking on behalf of licensed social workers, and so then you also took another step and said you thought you might be able to answer some of my questions. What are the problems with the current provider? [LB411]

JEFF MOHR: Well, I think the turnover rate as has been mentioned, I guess I don't feel is acceptable. I think that... [LB411]

SENATOR ERDMAN: And that's the trainer of the employee's fault that the turnover is so high or...I mean, it's my understanding that a majority of the employees are not social workers that do child protective services. [LB411]

JEFF MOHR: And that's one of the issues. [LB411]

Health and Human Services Committee February 02, 2007

SENATOR ERDMAN: So I need you to make the link that it's the training program's fault for the higher retention if you're testimony centers around the fact that social workers have a higher retention. I guess if you're going to make the argument to me that it's their fault, that's going to have to be a pretty good argument. [LB411]

JEFF MOHR: I guess that's not the argument I'm making. I think they're doing the best job they can... [LB411]

SENATOR ERDMAN: Okay. [LB411]

JEFF MOHR: ...given the folks they have to work with. [LB411]

SENATOR ERDMAN: Okay. [LB411]

JEFF MOHR: The folks they have to work with, a lot of them are people who don't have a degree in this field. [LB411]

SENATOR ERDMAN: And does that make them--I won't use the word incompetent--but I mean it makes them less effective, maybe, in your opinion? [LB411]

JEFF MOHR: I would say that, yeah. I would say it certainly increases the odds of them being less effective. [LB411]

SENATOR ERDMAN: Okay. So the turnover rate is a problem, but it's probably more global than the training. What are specific problems with the current provider? Because I guess what I'm trying to understand, you talk about the federal program that's available and it's my understanding from your testimony and I think you confirmed it, that that program is available independent of this bill. But you see the global issue and Senator Howard has other bills before this committee that would require the department to only hire social workers for these positions and then you see, I think, this is a logical extension of those policy decisions that would assist if that decision was made. I guess I'm trying to connect all of those dots into this process and say, if a majority of the folks who are working at the department now have a degree in social work and the problem isn't necessarily with the current provider, are we solving the problem here or are we trying to accomplish a different goal that you would want to accomplish elsewhere and this helps to facilitate that effort? [LB411]

JEFF MOHR: I don't know if this answers your question or not, I guess I would... [LB411]

SENATOR ERDMAN: I don't even know if that's a good question, so go ahead. (Laughter) [LB411]

Health and Human Services Committee February 02, 2007

JEFF MOHR: Yeah, I guess I would use the analogy...it's a complicated issue. That's why these things are difficult. I would use the analogy of in other professional groups. I mean, I wouldn't want somebody cutting me open and operating on me who wasn't a qualified surgeon, who didn't have the training, hadn't gone to school and got the academic training to be qualified to do that. That may not be the best example, but... [LB411]

SENATOR ERDMAN: But let me give you this analogy then. You go to the doctor for a cold. You could see a physician's assistant, you could see a doctor, you could see a number of folks that are qualified to do that based on their training, but maybe not based on their degree. [LB411]

JEFF MOHR: Right. [LB411]

SENATOR ERDMAN: Is there room in this discussion for other folks who are qualified and maybe not have the right degree? [LB411]

JEFF MOHR: I think the, you know, the case aide example which has been given in a supporting role? That's an example. Those folks, you know, wouldn't have to have that degree. I think the people that are supervising, the people that are doing the work, and it's complicated work...I mean, you have people with substance abuse issues. You have people with mental health issues. You know, a lot of that enters into this equation which we really haven't talked much about today. And you know, there's a substantial amount of training involved in understanding those complex issues and how they interact with abuse and neglect situations. And you know, a few weeks or a couple of months of training, I don't think substitutes for a four year academic degree in a professional discipline. [LB411]

SENATOR ERDMAN: Last question I'll have. What do you do with the existing child protective service, foster care, and social service employees for their training? Because as I read the bill, this only mandates to ensure that the new employees are provided this type of training. If it's your opinion that if they're not in the social work field or have a degree in that, that they're not the most qualified or the most logical or appropriate people to be doing this work, do you then not still have to maintain a different set of training for those folks that may meet their needs differently? I guess, because if the bill would have said that all employees have to be trained by the same folks, which is what we have now as I understand it, that is a different discussion, I think, altogether than what we have here where you have anybody who's hired new and then, I guess, I'd like to have your feedback on what do we do with the existing employees for training? [LB411]

JEFF MOHR: Yeah. And you know, I think basically what the bill says if I understand it

Health and Human Services Committee February 02, 2007

correctly is anybody who's currently in a position is effectively grandfathered in. When we passed social work licensure and certification in this state several years ago, we didn't, you know, kick people out who were already out doing the work. They had opportunity be grandfathered in. [LB411]

SENATOR ERDMAN: So it would just be your opinion that they would go through that same training? [LB411]

JEFF MOHR: Yeah, and I guess, you know, in an ideal situation I would hope they would have the opportunity for continuing ongoing training. That's another advantage of hiring a degreed person who's licensed and certified for these positions is the licensure and the certification requires that they get 32 hours of continuing education every two years. So it's sort of already built into the system for people who have the degree and I would hope that people who are currently in the jobs without the degree have some sort of ongoing training. Somebody from HHS would have to speak to that. I'm not sure how that currently works. But I guess all we're asking for is that, you know, new hires, that this would be put into place. [LB411]

SENATOR ERDMAN: And then how many hours are considered under this type of formula for training? I asked that to Senator Howard and she said I should also ask you. I just reminded myself of that. So I'll amend my statement that that was my last question. What are you envisioning for the number of hours that that employee would go through on an annual basis under this type of scenario? [LB411]

JEFF MOHR: It would be hard to answer that question without being, you know...we would be perfectly willing to work with HHS on establishing what that is. Again, if they're already licensed or certified they already have a 32 hour every two year requirement to get continuing education. [LB411]

SENATOR ERDMAN: So would your thought be that they would do 16 hours a year to comply with that and then that would be this training? [LB411]

JEFF MOHR: Well, again, what I'm telling you is the training they're getting on how to do this work they're getting in their four year degree. And not only are they getting it, you know, in the classroom academically, but they're getting, again, 400-600 hours out in the field before they get the degree. And part of the degree that we've tried to work on with HHS is that they would get that training in a child welfare agency setting, preferably HHS. [LB411]

SENATOR ERDMAN: Okay, thanks. [LB411]

JEFF MOHR: Thank you. [LB411]

Health and Human Services Committee February 02, 2007

SENATOR JOHNSON: Any other questions? Seeing none, sir, thank you very much. I've also been handed letters from a Lori Jensen and I don't know if I can pronounce the other one or not, G-h-g-r-a-n-d B-o-i-s. All right. Other proponents. Go ahead, ma'am. [LB411]

LORRI MERCHANT: (Exhibit 3) Thank you, Senator Johnson, committee members. My name is Lorri Merchant, M-e-r-c-h-a-n-t, and I am a master's prepared social worker and the social work program director at Union College. In the child welfare field, research shows that those who are most prepared to do the job are also the most likely to remain on the job. Social workers are most prepared to do the work of child welfare. Numerous studies indicate that professional commitment is a major factor in continuing to work in the field of child welfare. Staff with social work degrees and IV-E training are most inclined to continue employment in the child welfare field. And I have some other research is cited below on my letter and I don't know that anyone got that to handout. States have found that partnerships with universities, often supported by Title IV-E funds, provides a useful recruitment strategy by creating a pipeline for employees through BSW and MSW education, providing degree education for advancement of current staff, enhancing staff's level of knowledge and skill, and enhancing professional identification and commitment. Social work programs accredited by the Counsel on Social Work Education are best prepared to educate workers in the child welfare field. They provide the information and skills needed for a worker to be prepared to handle complex family situations. Being prepared is not only important for the safety and well-being of the worker, but also for the safety and well-being of the clients they serve. It is in the best interest of the citizens of Nebraska to have child welfare workers trained in accredited social work programs. I would just like to add, as well, that our graduates are ready for work when they finish their degree. They have 480 hours of practicum, which is on-the-job training, and could also do that and often do that at the Health and Human Services. So I think that the reality is using social work students to do that training, which is already a part of their education, would cut down on costs. Thank you for considering this testimony. [LB411]

SENATOR JOHNSON: Any questions? I see none, thank you very much. [LB411]

LORRI MERCHANT: Okay. [LB411]

SENATOR JOHNSON: I have a letter of support from a Mona McGee from Mosaic in Nebraska as well. Other proponents? Do we have any opponents? Opponents? Seeing none, neutral. Welcome. [LB411]

RON WITHEM: (Exhibit 4) Thank you. Thank you, Senator Johnson. Good afternoon. My name is Ron Withem. I'm the director of governmental relations for the University of Nebraska and appearing today to testify in a neutral capacity on behalf of the university on LB411. And for me, I'm taking the unusual circumstance of actually having a

Health and Human Services Committee February 02, 2007

prepared statement to speak from to layout the reasons why we've arrived at a neutral position on this bill. The reason for our neutrality is that LB411 has a direct impact on all three of our undergraduate campuses and in many ways threatens to pit these campuses against each other. We believe there are many positive goals contained in LB411, and earlier this week we had hoped to develop a single position of support for an amended LB411, but as the week progressed that goal became increasingly unattainable. Senator Howard is to be commended for her passion in seeking to upgrade the educational attainment level of Health and Human Service workers, and it is clear from reading LB411 that this is her intent. I don't need to tell the members of this committee that there is a crying need for more social workers with higher levels of education. This would lead to greater professionalism within the profession and hopefully result in a longer term commitment of these workers to their careers in social work. An underlying objective of LB411 is to make more Title IV-E Child Welfare Training Funds available to schools of social work. The university is proud of the social work program at UNK and the School of Social Work at UNO and believes accessing these funds for social work education would enhance our abilities to provide the state an educated workforce in social work. Many states around the country have partnerships using Title IV-E funds and Nebraska should join these states. What we can't support in LB411, however, is the manner in which these Title IV-E funds will be made available to our social work programs. By stipulating that training for new child protective service, foster care, and social services employees be provided by an accredited postsecondary educational institution authorized to offer graduate, or with the amendment, undergraduate level social work education credit, this bill in effect would void the agreement between Health and Human Services and the Center for Children, Family and Law that has been in place since 1988. And I believe it's been reauthorized whenever the terms of the contract have been up since that time. This agreement allows CCFL to train new Protection and Safety workers, better known as child protective service workers. The CCFL program is housed within--I made a mistake when I prepared this testimony. I thought it was the College of Law. I understand it is the Arts and Sciences. Training provided by CCFL is not intended to lead to a degree, but is meant to prepare new workers with practical knowledge and skills needed in the everyday course of their employment. CCFL training, done in partnership with HHS, provides a comprehensive program throughout a six month practicum. The emphasis in this program is applied knowledge and insures practical development of knowledge, skills, and abilities necessary in the day to day work of these employees. It has been described to me as more akin to job training than a degree program. In other words, it is not the type of training that can easily be transported from CCFL to UNO or UNK. In FY07, the funding provided by HHS to CCFL was approximately \$2.5 million with UNL providing \$826,000 in matching funds. I wish we could have been in a position to offer support for Senator Howard's bill. As I indicated earlier, we share her interests in providing greater educational opportunities for social service workers. It can only lead to a more professional workforce. However, we cannot support the advancement of a bill that has this negative an impact on a university program that we feel has served the

Health and Human Services Committee February 02, 2007

state well. We do, however, pledge to work with Senator Howard and this committee to seek greater resources through the Title IV-E program to accomplish the goals of this bill. And I comment, since preparing this testimony I've had a conversation with President Milliken who had, coincidentally, today happened to be his monthly lunch with the chancellors and this was a topic of discussion among the chancellors, and they all expressed an interest in trying to work toward a creative solution to the problems that we see here. Thank you, Senator. [LB411]

SENATOR JOHNSON: Thank you, sir. Any questions? Senator Hansen. [LB411]

SENATOR HANSEN: I have a question, Senator Johnson. Ron, explain to us why UNL specifically does not have a social work program in the context of the 1988 agreement. [LB411]

RON WITHEM: I really don't know the background of that, Senator. As you know, not every university campus offers an identical set of undergraduate programs, and UNL is, to my understanding, is not one that has such a program. And I don't really know the history of why one did not evolve there, why it evolved on the other campuses. [LB411]

SENATOR HANSEN: Was that when the CCFL was started, about that time? [LB411]

RON WITHEM: Excuse me just a second. Let me look around and see. Okay, it was created 1987, according to the folks behind me. So it was pretty close to the inception of when this agreement took place. [LB411]

SENATOR HANSEN: So maybe it was UNL's participation in the social work programs in general? In protective services anyway. [LB411]

RON WITHEM: Yeah, I believe that the Center for Children and Family was created to offer more practical sort of services in these areas, yes. [LB411]

SENATOR HANSEN: Thank you. [LB411]

SENATOR JOHNSON: Any other questions? Sir, I see none, thank you very much. [LB411]

RON WITHEM: Thank you. [LB411]

SENATOR JOHNSON: Any other neutral testimony? [LB411]

TODD RECKLING: (Exhibit 5) Good afternoon once again, Senator Johnson and members of the Health and Human Services Committee. My name is Todd Reckling, R-e-c-k-l-i-n-g. I'm the administrator for the Office of Protection and Safety. I'm here

Health and Human Services Committee February 02, 2007

today to testify in a neutral capacity to LB411. Excuse me, Senators, for a second. [LB411]

SENATOR JOHNSON: No, you're doing just fine. I was afraid you were going to read it, Todd. That's (inaudible). So we appreciate your organizing your thoughts. [LB411]

TODD RECKLING: Senator, could I ask for...yes, some sort of... [LB411]

SENATOR JOHNSON: Sure. We'll get you one. We'll get you one. [LB411]

TODD RECKLING: Could I have just a minute, Senator? [LB411]

SENATOR JOHNSON: You certainly can. In fact, I think I'm going to take the opportunity to stand up. I've been sitting here a long time. [LB411]

TODD RECKLING: ...today I just had a little moment. So I apologize. [LB411]

SENATOR JOHNSON: Well, you're just fine. So take your time and when you're ready we are. And I'm serious about the cookie. (Laughter) [LB411]

TODD RECKLING: The department is always open to receiving input that would help improve training of case workers. LB411 would require the department to use an accredited postsecondary educational institution authorized to offer graduate level social work education credit for the training hours completed by new child protection safety workers, foster care, and social services employees. Since 1988, the University of Nebraska, through its board of regents, has designated the UNL Center for Children, Family, and the Law for the developments and delivery of training for protection and safety workers. The contract involves a 75 percent federal match and a 25 percent state match through the federal Title IV-E training program. The 25 percent match is provided by the University of Nebraska as allowed through the Title IV-E program. We are pleased about our partnership with the university and believe that we are in good company with other states who also have similar partnerships with their university systems. We believe that our continued partnership with the University of Nebraska would comply with LB411 if passed. However, we believe that the intent of LB411 may be to redirect the university to designate their social work program at UNO as the entity to manage the department's training contract. We have not been approached by the University of Nebraska to request a transfer of their contract with us from the UNL Center for Children, Families, and the Law to the UNL School of Social Work and are not aware of the university's position on LB411. I'd like to point out several provisions of LB411 that we believe would benefit from further clarification. It's our understanding that there are currently seven accredited schools of social work--Chadron State College, Union College in Lincoln, Wesleyan College in Lincoln, Dana College in Blair, Creighton University in Omaha and two Schools of Social work through the University of

Health and Human Services Committee February 02, 2007

Nebraska--one at the University of Nebraska at Omaha, UNO, and the other at the University of Nebraska-Kearney. Of these programs, UNO is the only program to offer graduate level social work education. It is our understanding that the UNO master's program will be offered to the UNK campus beginning this summer. In addition, in order to continue to access federal IV-E funding available for training for Protection and Safety workers, use of a public university system is required. The federal government does not require use of a School of Social Work as a condition of use of federal funds to train Protection and Safety staff. In order to take advantage of federal Title IV-E training funds for Protection and Safety staff, the department contracts with the University of Nebraska Board of Regents for the training of new Protection and Safety workers. As we understand it, the University of Nebraska, as an accredited postsecondary education institution, is authorized to offer graduate level social work education for the training hours completed for Protection and Safety staff. Although the university has not established a formal system provide the opportunity for our staff to receive graduate level social work education credit for the training hours, we will continue to work in partnership with the university to accomplish this. The opportunity exists now, but it's rarely utilized, for a PSW trainee to make application to be awarded graduate credit hours for some of their training time. This practice can be expanded with the university under our current contract. If the intent of LB411 is to change the designation of the entity with the university system, the department would be required to terminate its contract with CCFL and designate the University of Omaha School of Social Work program. Transitioning this contract within the 90 days provided as an effective date for new laws would take a large amount of work on the part of the department, university's CCFL, and the university's School of Social Work at UNO. The transition would likely require a review and potentially a rewrite of some of the training curricula, as well as possibly transitioning new trainees and new training facilities. A longer transition period may be advisable so that we can work with the university if this transition is to occur so that we do not negatively impact the preparation of new Protection and Safety workers for the important job that they carry out. We would also ask for clarification concerning the terms used to describe HHS staff impacted by LB411. It may be useful for terms to match current job titles, such as Protection and Safety workers and Social Service workers. As written, new Protection and Safety workers who do juvenile services work would not seem to fit within the employees defined in this bill. In addition, LB411 requires HHS social services employees to be trained by the university. The category of HHS staff that most closely fit this term in category of Social Service Work. Social Service Workers are trained by department trainers and not through the current contract with the university's Center for Children, Families, and the Law. Social Service Workers determine eligibility and the benefit level for programs such as Medicaid, food stamps, Aid to Dependent Children, child care, aged and disabled, Low-Income Energy, and others. The needed skill sets for the functions carried out for Social Services Workers are primarily accounting and organization rather than social work, with an emphasis on the delivery of accurate benefits. The current social services training focuses on learning programs regulations in 17 individual courses involving 40 days of training. If

Health and Human Services Committee February 02, 2007

the interpretation is that LB411 would impact the department's training of Social Services worker, the department would need to determine a cost related to entering into a new contract with the university and determine the amount of state funds to carry it out. Federal Title IV-E funds would not be available for the training of Social Services workers. However, federal administrative funds would be allowable at a 50 percent match with a 50 percent state funds. Thank you for the opportunity to share this information concerning our current relationship with the University of Nebraska related to the training of new Protection and Safety workers and to share the technical issues we have identified. I would be happy to answer any questions. Hopefully I can clarify a few things and, again, I apologize for my short need for a recess. [LB411]

SENATOR JOHNSON: Well, it's been a tough groundhog day for all of us here. (Laughter) So any questions? Senator Erdman's got one. [LB411]

SENATOR ERDMAN: Todd, welcome back. Take a deep breath. [LB411]

TODD RECKLING: Thank you, Senator. [LB411]

SENATOR ERDMAN: The \$10,000 per trainee is that an accurate number of the cost of the existing training? [LB411]

TODD RECKLING: I'm not sure that we're talking the same numbers necessarily. I'd like to see those numbers myself. I do know what the current contract is that we have and I think that the contract is larger than just training new workers. It also, not just getting them through the new worker phase, but it also then carries over through our contract to train them for their continuing ongoing training hour needs that are required each year. It also trains our supervisors and provides training for our ongoing supervisor. So there are additional functions under that contract. So to take the contract and merely divide it by the number of new workers that are trained each year is not exactly how the numbers break down. [LB411]

SENATOR ERDMAN: Okay. The current program though provides for the training to be done in more places than just Lincoln. Is that accurate? I mean, we have satellite locations where the employees in western Nebraska can receive this training in Ghering or Bridgeport or places like that. Is that correct? [LB411]

TODD RECKLING: We do a couple things, Senator. At any given time we have X number of workers, obviously, in training. Typically that ranges anywhere from maybe...it's kind of been different because of LB1089 where we had to get those additional workers through, but typically we have maybe 40 to 50 to 60 workers, and as of now we even have more than that in training. And what we've tried to do is based on the needs of those training classes and the locations of where those new trainees are coming from across the state, we try to deliver the training closer to their home so that

Health and Human Services Committee February 02, 2007

they do not have to travel. So yes, we do have training sites. Some of them also then they have to travel. For example, if the training class was majority coming from, perhaps, like the Lincoln area, but I had a few trainees at more like out at Grand Island or Kearney, they may have to come in. But I have enough, at the same time, I can provide that in different location. We've also expanded over the last couple of years... [LB411]

SENATOR PANKONIN: Uh-oh. You're in trouble now. (Laughter) [LB411]

SENATOR JOHNSON: You may never see him again. [LB411]

SENATOR ERDMAN: Thankfully that wasn't your phone, Todd. [LB411]

TODD RECKLING: We've also expanded then to offer distance training so some of the workers, rather than traveling, can actually get part of their training curriculum through distance learning like... [LB411]

SENATOR ERDMAN: Is that internet and video? Or is it just video? [LB411]

TODD RECKLING: Yes, and then I know that there was some questions before about kind of what is the training package. It's been described as 17 weeks or I've heard different amounts of weeks. In 2004, we took a very concerted effort about improving the quality and changing our training. So it's now a three phase training that's more of a practicum model and it covers a period of six months. So during the course of that time that the worker's in training for six months, they actually receive about the equivalency of about 384 hours of training. [LB411]

SENATOR ERDMAN: Okay. And I guess the last question that I would have is as you go through this process of contracting with the group at the university in Lincoln, I'm assuming that there's a review process that you have with them every time their contract comes up for renewal. Do you get complaints about the existing provider? Are there concerns that have been addressed? I guess I'm just trying to understand. We have a process in place now, 384 hours that these folks are going to be receiving in on-the-job training and other type of experience. What type of things do you hear, if any, that are concerns and are those things being addressed? Because I guess I'm still grappling with the idea of are we sticking a square peg in a round hole here and is this a need or is there other issues here? [LB411]

TODD RECKLING: You know, Senator, we wouldn't continue to renew the contract if we had concerns. I think anytime there are always opportunities for improvement. The training, as it currently exists, we do talk. We make adjustments based on training needs and try to tailor that to the workers' needs and what see as needs in our system. You've heard testimony prior to me today that talked about different studies that have

Health and Human Services Committee February 02, 2007

been done related to the performance, perhaps a social services degreed person versus a nonsocial services degree person. And there are different studies with different outcomes that I hope the committee would take a look at that actually talk about the difference in performance or no difference, and also the turnover rate. I think some of the information that was provided is certainly additional information. But yeah, we're not dissatisfied with the service and we continue to work under that contract to make improvements to that training curriculum as it's delivered. [LB411]

SENATOR ERDMAN: Okay. [LB411]

SENATOR JOHNSON: Senator Pankonin. [LB411]

SENATOR PANKONIN: Thank you, Senator Johnson. Todd, not totally related to this, but I think it's related to some of this previous...are you going to--I know you've had a long day, haven't had a chance to eat, but are you going to be able to stay for the next bill? [LB411]

TODD RECKLING: Yes, Senator. [LB411]

SENATOR PANKONIN: Good. Because I've got some questions for you then about that. So hopefully you'll be able to... [LB411]

TODD RECKLING: And I just would like to say in my lapse of difficulty here, and I may have gotten out of order here, but actually the department would like to go on record as being in opposition to LB411 rather than neutral testimony. [LB411]

SENATOR JOHNSON: Okay. Thank you. Thank you. And thank you very much. Any other questions? I appreciate your hanging in there and testifying. So thank you very much. [LB411]

TODD RECKLING: Thank you, Senators. [LB411]

SENATOR JOHNSON: Do we have any neutral testimony? Okay, Senator Howard, do you wish to close? [LB411]

SENATOR HOWARD: This has very interesting. I want to point out that this information that I handed out to you came directly from the Department of Health and Human Services. This was supplied to us by them. So the numbers are their's and that's what we've been given to work with. And Senator Erdman, I would ask that you look under the column that says estimated cost for Health and Human Services sponsored courses. If you look at that top number, that 78-plus, those dollars were dollars spent for staff from Health and Human Services that went over to the Center for Families, Children, and the Law to do training at that center. The second number under that was

Health and Human Services Committee February 02, 2007

the direct contract amount that's given to the center to provide the training. And then if you go over to the next column where it says 186 Health and Human Services staff time and agency overhead, you have to remember that those people are employees. They've been hired on. So that's the salary that they're being paid. So you take those three figures and you add them together. And actually, originally, we were looking at the 248 figure to divide into this number. If you consider it to be 186 Health and Human Services Protective Service trainees, the cost clearly goes up. So I hope that helps to answer one of your concerns that you had had. In recent history, our Health and Human Services system has made some mistakes and some of those mistakes have cost children their lives. We have been scrutinized by the public, by the national experts in the field of child welfare, and it is past the time that we demonstrate that we care about providing quality services. We do value the lives of people we serve. I believe we all have a responsibility as a state, as policy makers, to deliver the best quality of services possible. I bring you LB411 with the intention of doing that. And I urge your favorable consideration of this bill. Thank you. [LB411]

SENATOR JOHNSON: Thank you. Any questions? Senator Erdman. [LB411]

SENATOR HOWARD: I shouldn't even attempt to leave. [LB411]

SENATOR JOHNSON: I shouldn't have looked that way. (Laughter) [LB411]

SENATOR HOWARD: I should just call on him first. [LB411]

SENATOR ERDMAN: Senator Howard, you should have known better. Isn't it true, though, that that cost of staff time for salaries would be there regardless of who the provider was? So the cost of that included in that isn't necessarily that big of a factor, because if they're on staff with the department and they're taking the training under the social work program, unless that training is done on their own time, in other words, unless they're enrolled in those classes for accreditation on their own time, they're still going to have that cost at the department for when they're actually gone from their job or getting the training. [LB411]

SENATOR HOWARD: Are you talking... [LB411]

SENATOR ERDMAN: And maybe I misunderstood what you were saying. You talked about not only the cost of the actual training, but also the cost of those employees being gone from their job to get the training as being part of their total cost. [LB411]

SENATOR HOWARD: Well, there are actually two separate amounts there. Are you talking about the cost of the employees that go over to the Center for Families, Children, and the Law to do the training? [LB411]

Health and Human Services Committee February 02, 2007

SENATOR ERDMAN: I understood your comments to be that you would add all of those up. [LB411]

SENATOR HOWARD: Those three figures together. [LB411]

SENATOR ERDMAN: Right. [LB411]

SENATOR HOWARD: If this was conducted, say by the graduate School of Social Work or one of the other accredited postsecondary schools, I would not anticipate that a Health and Human Services trainer or these employees would leave the department. We may be talking about two separate areas here... [LB411]

SENATOR ERDMAN: Could be. [LB411]

SENATOR HOWARD: ...but I would not anticipate that they would be going from the department to provide training. I would anticipate that that would be done at the school. [LB411]

SENATOR ERDMAN: Okay. So I know what you're saying now and that clarifies it. [LB411]

SENATOR HOWARD: Okay. Thank you. [LB411]

SENATOR JOHNSON: Any other questions? Senator Howard, I see none. And let's conclude then on LB411 and open the hearing on LB461. Senator Dubas, welcome to our humble abode. [LB461]

SENATOR DUBAS: Thank you. Thank you very much, Senator Johnson, members of the committee. My name is Annette Dubas, A-n-n-e-t-t-e D-u-b-a-s, and I am the state senator from District 34. I come before you today to present LB461, Foster Parents' Bill of Rights. And I bring this bill to you in response to concerns that have been raised by foster families. We know that at least 11 states currently have legislation that protects and supports foster parents and recognizes them as a vital part of a complete package for services that are needed for these families and children. This bill basically extends the basic rights to foster parents at the state level. As of December 2006, we had 5,334 foster children in the state of Nebraska. We had 2,336 active licensed foster homes and we had 1,819 approved foster homes. And an approved foster home means a friend or family of the biological parents who have become approved to be a foster home. In light of recent litigation against the state and the state's overall performance compared to other states, we really do feel that something needs to change. There's no doubt that we need foster parents, but we also need to protect foster parents and the job that they do, and give them the tools that they need to do their job. Federal law bestows certain rights on foster parents and there is evidence that those rights, which are in place, have

Health and Human Services Committee February 02, 2007

not been implemented. In the 1990s, Congress amended the federal child welfare law to mandate that foster parents be given health and education history of a child that is placed in their home. However, that mandate was not included in the child and family services review, and Nebraska has received low and substandard reviews over the past six years. Enactment of the Adoption and Safe Families Act, Congress required that foster parents be provided with notice and opportunity to be heard at any hearing concerning a child placed in their home. Two years ago, we finally brought this provision to Nebraska when we enacted the...when the State Legislature, which allows foster parents to be involved in that hearing process. Unfortunately, litigation was brought against the state in 2005 against the foster care system because of the frustrations and the problems that continued to exist. And in August 2006, Governor Heinemann announced the child welfare directives. But all these directives have little to do with assisting foster parents with the needs of children and we continue to have one of the nation's highest rates of out-of-home placements. And so I bring this bill to you for your consideration and hoping that you will recognize this as part of a comprehensive package and that these are definitely needs that are very real and need to be addressed. So I would be happy to try to entertain any questions, but there are a lot of people behind me who are probably more well-versed and able to do that. [LB461]

SENATOR JOHNSON: Thank you very much. Have any questions? I thought I might have to ignore Dr. Erdman for you. (Laughter) [LB461]

SENATOR DUBAS: Dr. Erdman? [LB461]

SENATOR JOHNSON: Or Senator Erdman for you. I just demoted him there. [LB461]

SENATOR ERDMAN: I just got demoted very severely. (Laughter) [LB461]

SENATOR JOHNSON: Senator Gay. [LB461]

SENATOR GAY: Are you going to stick around for close? [LB461]

SENATOR DUBAS: Yes, I am. [LB461]

SENATOR GAY: Okay. I'll wait then. [LB461]

SENATOR DUBAS: All right. [LB461]

SENATOR HOWARD: I actually do have a question. [LB461]

SENATOR JOHNSON: Yes, Senator Howard? [LB461]

SENATOR HOWARD: Thank you, Mr. Chairman. In the bill, it calls for when appropriate

Health and Human Services Committee February 02, 2007

is the terminology used, when appropriate the right to communicate with the child's birth family, other foster parents of the child in perspective, and finalized adoptive parents of the child. Who determines when it's appropriate? [LB461]

SENATOR DUBAS: I would see that still being with the discretion of Health and Human Services. [LB461]

SENATOR HOWARD: Okay. I think we would need to be specific about that so that there's not an interpretation. [LB461]

SENATOR DUBAS: I fully understand that and I'd be willing to work with anyone to help improve this bill and make it more effective. [LB461]

SENATOR HOWARD: Because there are issues of confidentiality. [LB461]

SENATOR DUBAS: I understand that. [LB461]

SENATOR HOWARD: I'm sure that you have heard about those. [LB461]

SENATOR DUBAS: Yes. [LB461]

SENATOR JOHNSON: Any other questions? I see none. Can you stick around for closure? [LB461]

SENATOR DUBAS: Yes, I will. [LB461]

SENATOR JOHNSON: Fine. Thank you very much. Let's go ahead with proponents. And let me just kind of remind those of you around the room that if you wish to be noted on the record as being a proponent or an opponent to this legislation, there are sign-up sheets that we will make available to you so that if you want to make sure that your position is part of the public record. That counts just as much as the person talking into the microphone there. So let's go ahead with proponents. Welcome. [LB461]

CAMELIA ROGERS: (Exhibit 1) Welcome. Good afternoon, Senators. I have some documents here. Thank you, Senator Johnson and committee members for the opportunity to speak before you today. My name is Camelia Rogers, R-o-g-e-r-s. My husband I are foster parents living in Omaha. Imagine going into a new home, being removed from your parents' care, and you have nothing with you. And the people who know anything about you will tell the new people responsible for taking care of you on a daily basis absolutely nothing about you. They will not inquire as to the biological parents, as to a favorite toy, favorite food, favorite color. They do not come to us with their favorite blanket, their favorite doll. Absolutely nothing. You have now lost a part of your life, whether that's two years, four years, or ten years. Now imagine being the

Health and Human Services Committee February 02, 2007

foster parent responsible for taking care of that child. Imagine a seven year old boy seeing a cop car in your neighborhood and running away and the temperature outside is zero degrees as it is this morning when we woke up. Foster parents go through 27 hours of training in order just to get a license. We go through 12 hours of continuing education on a yearly basis. Through this and through the mentoring program offered at the Nebraska Foster and Adoptive Parent Association, we have resources available to us by foster parents that have been in the system for a significant period of time to help us know what to do to help that child. Now imagine living in this foster home and forming an identity with this foster home for two years, four years, eight years. And then imagine being taken from that home to be reunified with your parents and your parents deciding that you shall have no further contact with the foster family, with any of the children that were in that home. The things that they gave you to take home with you are thrown away, sold, or dismissed out of hand. No, I don't want these. No, I don't need these. The first time you enter foster care you lost two years of your life. When you're reunified you lose another two years. Imagine what that would do to you. Imagine what that would do to your children, your grandchildren, all of the children that you know. Now imagine being a foster parent who has a small infant in your care. This child is having difficulty breathing. You decide to take this child to the emergency room, because the breathing problem is that difficult and the pediatrician's office told you to take this child to the emergency room. And when you get there on a Monday afternoon at 10:00, you discover that you cannot authorize care for this child. So the admissions clerk calls an 800 number provided to them by that department to get authorization to provide care to this child. They are told by the 800 number that they are not allowed to authorize care because it's during the normal business hours. You need to contact your caseworker to get authorization. Now you're the foster parent that has one telephone number to reach this caseworker at and he or she is not at her desk. The caseworker is not returning the phone call. The supervisor is not at his or her desk, and no one else in that office is going to provide any assistance to you. You sit in the waiting room of this emergency department until 5:01 p.m. praying the entire time that this child does not die in your arms and knowing that there is nothing that you can do about this. Senators, this is a true story that happened in Omaha, Nebraska within the past six months. The foster mom that told me this story cannot be here today, but asked that I tell that story on her behalf. Now in meeting with some of the senators regarding this legislation, I have been asked what has Health and Human Services done to address the issue that you have brought before us? Are they trying to improve communication and relationships with foster parents? I have provided to everybody today a letter that I, as a foster parent, in the eastern service territory received in August of 2006. As you can see from reading this letter, the department is acknowledging that they have neglected their foster parents and have asked foster parents to respond to the letter and participate in a foster parents' stakeholder group. As a foster parent I'm very excited about this and I respond to this invitation by sending an e-mail. In December, we finally had our very first meeting. At that meeting, which was held on December 7 at Project Harmony in Omaha, all of the foster parents there had a recurring theme, whether it be that the

Health and Human Services Committee February 02, 2007

caseworker doesn't contact you or you don't know what the case plan is or whatever it happens to be. It all hearkened back to the same thing--communication, communication, communication. To this day we have not heard a single word from Maria Lavicky or Tim Koehn, the authors of this letter, regarding any of the concerns that we addressed at that meeting. We were promised at that meeting that we would have communication sent to us via e-mail within 1-2 weeks. Honestly, I expected it before the end of December. We were then told that they were going to try to get a county attorney to come to the next meeting so that we could ask them some questions that we had that Maria could not answer, and that they would try to have the meeting in January. And we picked the date of January 25. That meeting never took place. And while I and others that were at that meeting have contacted Maria Lavicky and Tim Koehn's office, no one has called us back. No one has offered a new date to meet. We have heard nothing. While I believe that Health and Human Services honestly believes that they are working towards the best interest of children, I believe that the one or two--if it's a two-parent household--people that know the most about the children in foster care are neglected, undervalued, underserved, and disregarded out of hand. I believe that the administrators including Mr. Reckling, who is here today, will tell you that they value foster parents and that foster care system could not possibly exist without those foster parents. A mass exodus of foster parents will happen slowly but surely over time as foster parents give up, because we cannot do the job that we have signed up to do. And I ask that you take this into consideration today and in your further deliberations on LB461. And while today I have testified specifically only about the legislation, I would be happy to talk about my own experiences with the foster care system or any other questions that you have. Thank you. [LB461]

SENATOR JOHNSON: Thank you. Sobering statement. Senator Howard. [LB461]

SENATOR HOWARD: Thank you, Thank you, Senator Johnson, I appreciate you coming in here today. I know it isn't easy to come in before a body of policy makers and talk about things that are so personal and important. And you and I talked on the phone when you had called me and I returned your call to discuss this, and I think you make some very important points as does the bill. I'd like to just reassure you and possibly you can reassure the other foster parent that you talked to that if you have a situation where you're unable to reach the case manager, unable to reach the supervisor and it's a crisis in a hospital or a treatment regarding a child, any case manager at the department can respond and give permission to treatment. I've done that myself on many occasions. So don't settle for being told you have to wait. You don't have to wait. You can get that service. And I would say anytime you call after hours, call the 800 number and they immediately will contact the case manager. I receive many, many calls from the 800 number and they were always well-handled and quickly handled. I noted in here...there's also a section regarding any foster family should be informed relating to the child's behavior, family background, health history, any information that may jeopardize the health and safety of any member of the foster family. And I couldn't agree

Health and Human Services Committee February 02, 2007

with you more. That's critical. We can't place children in a family situation where there are clearly concerns regarding how they may behave or what their actions may be. When I was with the department, the information...it was understood that all information regarding the child and their behavior was to be shared with the foster family and a statement was signed by the foster family saying that they had been informed of that. I don't know if that's still policy. If that's still in effect. If you still have to sign a sheet saying that you got the information. [LB461]

CAMELIA ROGERS: Yes, you do still have to sign a sheet. When my husband and I became foster parents for the very first time, we did receive a packet of information that we were asked to sign. We were told that we had to sign them before we could have the children. And the caseworker explained to us that, you know, this sheet of paper says that you have the kids. This sheet of paper says that, you know, I told you about the kids and, you know, just go ahead and sign these. And I did. And as a first time foster parent I didn't understand what I was signing. I didn't understand that there was something there that was missing. I only knew that after having the child in my home. The two girls that I have in my home for more than 30 days. And contacting the department and asking them to please help. You know, I've got a child doing some pretty extreme things for a three and a half year old. And, you know, the baby was two days before her one year birthday when she came to us. And we found out pretty quickly that something was really, really wrong with this child. You could put a diaper on her and the next time you went to change it an hour and a half or two hours later or whenever it felt like it needed to be changed, she would be bloody. She had such a horrible diaper rash that she would actually have these bumps and she would be bleeding. You would touch her and it would bleed and you would have to clean her off, because you know that you have to do that. And the entire time she's crying because there's alcohol on the wipes that you have and it's alcohol touching open sores. Something that we didn't know, a child that's been exposed to methamphetamine in utero...a lot of the children, from speaking to other foster parents, have the same problem where you have to use very specific ointment to help them. I know that the only ointment that our little one responded to was something called Butt Paste, which the three and a half year old that we have enjoyed exclaiming in Hy-vee when my husband went to go pick it up. (Laughter) But we literally have to lather her it in every time we change her diaper. Now this is something that we didn't know. Come to find out a year and a half later, biological mom knew this. Health and Human Services knew this. They didn't want to tell me because it was confidential. [LB461]

SENATOR HOWARD: Well, I support your efforts to help these children. I wouldn't say that that information regarding their medical needs is confidential. That's something... [LB461]

CAMELIA ROGERS: I would either. [LB461]

Health and Human Services Committee February 02, 2007

SENATOR HOWARD: Well, it's clearly something that you need in order to be a good foster parent to them. I'd say all foster parents are put in a very tough situation, because we expect you to love these children, to treat these children as your own and you're told that, and yet, we expect you to hand those children over to let them go if that time would come. And so, it's tough. [LB461]

CAMELIA ROGERS: It is. [LB461]

SENATOR HOWARD: Thank you. [LB461]

CAMELIA ROGERS: Thank you. [LB461]

SENATOR JOHNSON: Senator Hansen. [LB461]

SENATOR HANSEN: Thank you. Camelia, I really appreciate you coming back today.

[LB461]

CAMELIA ROGERS: Yes. [LB461]

SENATOR HANSEN: And I do appreciate your sense of humor. I mean, if you can see some light there. And I really understand where you're coming from. After talking to you and talking to the other foster parents, that they do need a bill of rights. I mean, they need some dignity. They need some help. They need some understanding. And through our HHS system we should be able to provide that help. So I appreciate you coming today. [LB461]

CAMELIA ROGERS: Thank you. [LB461]

SENATOR JOHNSON: Thank you. Senator Gay. [LB461]

SENATOR GAY: My question is this and just for education, being new to the committee, but is there no, like, site you could go where you could put some of this information onto a website and then have a secure pass to check it out. Sounds to me like children go through this system and they're going to one parent and another that you could add onto, you know, their own personalized site. Here's what I've dealt with with this child, or is that just too confidential? But some of these things, if you had an ongoing record, where's the record that says here's your information, or shouldn't it be updated if you find something out that you could've added it to a record? And then if, unfortunately, the child comes back in they have a case following them, and it's just on an internet access that you could view that so you don't have to chase somebody down. Is that available? [LB461]

CAMELIA ROGERS: Let me see if I understand your question. Are you talking about

Health and Human Services Committee February 02, 2007

individual? Like for an individual child who's in the system? [LB461]

SENATOR GAY: Yeah, individual information that in the school districts they've talked about it. [LB461]

CAMELIA ROGERS: That is not available right now. And in fact, a lady is here today, a fellow foster parent, who is going to talk to you about the fact that she has a former foster child that is in the system right now and she has not been allowed to speak with the new foster parents--pre-adoptive parents--of the child that her and her husband used to take care of. We are not allowed to speak to former foster parents for the most part. I know that the children that we have have been in four foster homes and the emergency shelter family that was taking care of them prior to them coming to us gave us information that was helpful, but we aren't able to... [LB461]

SENATOR GAY: But would it have been helpful then had that been in a... [LB461]

CAMELIA ROGERS: Yes. [LB461]

SENATOR GAY: ...ongoing log of what's going on that you could access. Would that be helpful, I guess, is the question? [LB461]

CAMELIA ROGERS: That would be very helpful. I think for young children or even for older children. I personally think that the biological parents need to be held accountable to provide information about their children to the department that the department can give to foster parents to start that record. That would be very helpful. And maybe sign a release form to allow the department to give that information to the foster parents. [LB461]

SENATOR GAY: Yeah, thank you. [LB461]

SENATOR JOHNSON: Senator Pankonin. [LB461]

SENATOR PANKONIN: Senator Johnson, I've got a series of questions. Mrs. Rogers stopped by. I had a brief time with her today and I think, as everybody else in this committee, the thing I told her first of all is thanks for doing the duty that she does. And she obviously has a great feel for the kids that she has custody of right now. And I appreciate all of that. I'd like to have her tell a little more about her story. And then I've got a follow-up question to that of why you and your husband decided to do this and your experiences with the two girls that you have. Just kind of briefly, but... [LB461]

CAMELIA ROGERS: Okay. [LB461]

SENATOR PANKONIN: ...why you decided to do this and how you got... [LB461]

Health and Human Services Committee February 02, 2007

CAMELIA ROGERS: Why we decided to do this, first of all, newly married we didn't have any children of our own and we decided that there were so many children in Nebraska that needed a good place to go, and we thought that we could do that. We are a couple that loves children and has been absolutely amazed by the enrichment that children can bring to your life and the experiences that we've had with them. For the 16 months that they've been in our care, the children that we've had...we've only had two. We've only ever had the one case. They are sisters. They've been with us for going on 16 months now. And the little one, at this point, has no conceptual concept that she has any other home but the home that she's living in now. She was too young when she was removed and they have only seen their mother for a total of 36 hours as of today. The visit takes place on Sunday. It will make it a total of 40 hours. They've been in and out of home care for 17 months. The little one had a lot of attachment issues when she came to us. She wouldn't let us hold her chest to chest. She would wake up at 6:00 in the morning on a Saturday and stay in her crib for hours. The first weekend we had them, I thought being a parents was great because it meant I could still sleep in. (Laughter) Come to find out that wasn't true, because they were awake, but she never once cried. Now tell me if any of your 12-month old children didn't cry when they woke up and their diaper was wet. Alexia (phonetic), the oldest child, was three and a half when she came to us, and the first thing that we noticed was food. She had this thing with food. She would eat breakfast, but lunch and dinner, she'd eat half of what you give her and then she would insist on having a napkin to wrap the food in to put in the refrigerator. And you couldn't put it in a tupperware container. She would not let you do that, but it had to be in the refrigerator for later. And we would ask her why and she would say just in case. Just because. So she would do this for lunch and at dinner she wouldn't have needed the food and so she eats dinner and then she does it again. So you can imagine the pile of food that I have growing in my refrigerator over a period of time. We started throwing it away. But she did this for weeks and we couldn't figure it out. And we kept calling the caseworker who at first was very responsive to us. I don't know what to do to help you, she says. I don't know why she would be doing it. I'm like, okay. So I started making some phone calls to NFAPA and they helped us out, and we took her around the house and showed her all of the food. We went on this big shopping expedition and then she was okay. But she was with us for two and a half weeks before she was okay. The other thing that we noticed was she didn't come out of her room. She would take a nap and she wouldn't come out when she would wake up. She wouldn't even leave the bed. She would go to sleep at night and she would wake up in the morning and she wouldn't even leave the bed. I was like, well okay, something is not guite right here. And we ended up having to put her in pull-ups, because we couldn't send her to bed just in underwear because she would do what you normally would do when you would wake up in the morning and it wouldn't bother her. She refused to come out of that bedroom. Well, then we did a little social experiment about three months after this all started happening. We let her forget her baby doll in our living room. We had on all of the night lights and all of the room lights in the house. Put her to bed. About two minutes later she

Health and Human Services Committee February 02, 2007

started crying. I want my baby, she said. I want my baby. Crying in pure agony. You could hear it, but she still would not come out of her room. It took us six months, a lot of talking, a lot of bribing, a lot of play acting to get her to come out of her room. And now that visits have started to increase and visits are in a normal house setting, the behavior has started again. Bribery is not working this time. Play acting is not working this time. She's done a lot of other things, but I think if I've answered your question, Senator... [LB461]

SENATOR GAY: Thank you. Senator Howard, if you have a question... [LB461]

SENATOR PANKONIN: Well, I just had a follow-up on that. [LB461]

SENATOR GAY: Oh, I'm sorry. Go ahead. [LB461]

SENATOR PANKONIN: Because we're talking about today you were here probably for some of the testimony, maybe all, about, you know, numbers of case workers, training of case workers. Tell me about--and I don't know if you had one caseworker during this period of time or several or just your interaction with the system or your knowledge of... [LB461]

CAMELIA ROGERS: Sure. We've had one caseworker. Right now she's on maternity leave so we have a temporary caseworker. If she comes back she'll get the case back again. So the children that we have have been very lucky in that particular regard. I know that other foster parents have had a completely different situation. In terms of my interaction, at first she was very responsive to us. Now as Senator Howard stated earlier, we are told that we're supposed to treat these children as our own, and any good foster parent would. If you don't, you're a bad foster parent and you shouldn't be a foster parent. Now if your child was in this type of a situation, as these children unfortunately are, you would advocate for them. And eventually that's what we started to do, because we know that there are services available and we've asked for services to be provided to the oldest girl because of the behaviors that she has. As soon as we started advocating, the phone calls were no longer returned, the e-mails are completely ignored. We found out from going to an NFAPA conference eight months after we had gotten the girls that we were supposed to be filing monthly reports with HHS. That's actually a requirement of foster parents. I didn't know that so I called my caseworker. She picked up the phone. I was really surprised, but I called from somebody else's phone so she couldn't caller ID me. And I said hey, I didn't know I was supposed to do this. Do you want me to do this? And she said, well, you know, I don't really think that's necessary. I've been a caseworker for, you know, a long time and I've never asked a foster parent to do that and I really just don't want it. I was like, oh, okay. And then I thought about it and I said I signed up to do a job and if that's my job I'm going to do it. Now I don't have the form that technically I'm supposed to use, because she wouldn't give it to me. So I made up my own form and filed one for both of the girls on a monthly

Health and Human Services Committee February 02, 2007

basis. I asked for a read receipt when I send it by e-mail and I've never gotten one. I don't know if she's reading them or if she's not reading them. When we went completely over HHS's head and contacted the Governor's Office regarding some concerns that we had, the next time we saw the caseworker she completely ignored us. She wouldn't acknowledge our existence and we were at court when this happened. She didn't even say hello. I attempted. She ignored me and turned her back on me. [LB461]

SENATOR PANKONIN: One last question and then I'm (inaudible)... [LB461]

SENATOR GAY: Go ahead. [LB461]

SENATOR PANKONIN: All right. We've got here a Foster Parents Bill of Rights that, I don't know, someone brought. [LB461]

CAMELIA ROGERS: I did. [LB461]

SENATOR PANKONIN: We got a copy of. We've got a copy of the bill. I haven't had a chance to check back and forth. I'm sure some are similar. When I saw this bill and I read through it here the other day. I said, you know, you would think most of these are common sense things that we would have in a policy. And now, you know, I haven't had a chance, like I said, to compare so now we've got it. So, you know, my first inclination is why would we need to pass a bill, which is a law, to have these things when there surely would be a policy where some of these are common sense? [LB461]

CAMELIA ROGERS: Absolutely, I'm holding in my hand Title 390, Chapter 7, which is the out-of-home placement rule and regulation for Health and Human Services. I did not provide a copy of this to everyone. It's 23 pages long. But some of the things that you're supposed to do as a temporary caregiver, you're supposed to communicate and work cooperatively as a team member with the worker, parents, and service providers towards the goal of the case plan. How are you supposed to work cooperatively as a team member if you're never even consulted when the case plan is written? If they won't even provide a copy of the case plan to you even after you give them a copy of Title 390, Chapter 7, and ask them to do that for you? How are you supposed to communicate and work cooperatively as a team member with the parents when all communication that you have with the biological parents has to go through the caseworker prior to you allowing to communicate with the biological parent? How are you supposed to regularly discuss with the worker the child's progress needs and behaviors when none of your phone calls and none of your e-mails are returned? Even when you contact the supervisor and ask the supervisor for help, that supervisor never did return the phone call that I made several months ago. He did just speak with me yesterday. I don't understand why we would need a Foster Parent Bill of Rights when a lot of the things that we're asking for are already provided for in policy. I don't know what the communication problem is internally at Health and Human Services, but the job is

Health and Human Services Committee February 02, 2007

not being done there. And if it's going to take a Foster Parent Bill of Rights to legislate the rights that we already have in policy then I think that that's what the government needs to do, this legislative body needs to do. [LB461]

SENATOR GAY: Thank you. Senator Howard. [LB461]

SENATOR HOWARD: Thank you, Senator Gay. Just a actually a number of things. First off, I want to reassure you that case managers don't have caller ID on their phone. It's not that sophisticated of a system. So she wouldn't have had that access. You described an incident when you saw the case manager at court. [LB461]

CAMELIA ROGERS: Yes. [LB461]

SENATOR HOWARD: Did you talk to the supervisor after that and tell the supervisor how concerned you were that you weren't able to have a dialogue with the case manager? [LB461]

CAMELIA ROGERS: The supervisor never returned my call. [LB461]

SENATOR HOWARD: You did attempt to reach her. [LB461]

CAMELIA ROGERS: Him, yes. [LB461]

SENATOR HOWARD: Him. You did attempt to reach him to let him know and you left a message and did what you could in that respect. [LB461]

CAMELIA ROGERS: Yes. [LB461]

SENATOR HOWARD: I think that would be your part of that responsibility. I'm wondering, the department contracts out all training for the foster parents. Did you feel the training that you went through met the need that you incurred then when you had children placed with you? [LB461]

CAMELIA ROGERS: I think that the training does the best that it possibly can do. I think that there's absolutely nothing that can prepare for you for a foster child to come into your home. I think that all children have different needs and different backgrounds. We have two children that respond differently to every situation and I have easy kids. I have the little ones. I don't know. I'm not sure how the training could be different. Now with that being said, I think that Health and Human Services could do a lot to help foster parents get continuing education by doing something a little differently there in terms of how do we go to training in the middle of the day or on the weekend when we have to have respite providers take care of the children for us. You know, you're not supposed to just hire a babysitter. You're not supposed to do that. You're supposed to have a

Health and Human Services Committee February 02, 2007

respite provider take care of the children for you. I wouldn't even know how to go about getting respite care for these children. Then you have to pay the respite worker yourself as a foster parent. For two children I've looked into that and that's going to be a little bit of money, probably more than if I just took the kids to my in-laws and asked them to take care of them. That's not reimbursed. The only time that I've gone to training that has been reimbursed was the NFAPA conference. I did just go to training a couple of weeks ago at Child Savings Institute. That was 12 hours worth of training Friday night and all day Saturday and no respite reimbursement was provided. Now for foster parents that live on the edge, and there are a lot of them that do--my husband and I are fortunate not to have to be in that situation--that definitely provides a hindrance to being able to get the continuing training that you need to do your job. [LB461]

SENATOR HOWARD: Did you do the foster parent checklist for payment when the child...did you do that with the case manager? [LB461]

CAMELIA ROGERS: Only about four months after they came to us, and the things that I identified were apparently not updated. There were only a few things for the little one, because she is such high needs in terms of medical care. The pay never increased. Although, she did tell me that it would, but it never did and we've never followed through with it. It's not that big of a deal for us. [LB461]

SENATOR HOWARD: Did the case manager explain to you that in that payment there is a respite payment that's included? [LB461]

CAMELIA ROGERS: Yes, we get \$40 a month. [LB461]

SENATOR HOWARD: For respite payment. [LB461]

CAMELIA ROGERS: Yes. [LB461]

SENATOR HOWARD: And you don't have to hire a respite provider who's like a licensed nurse or anything. [LB461]

CAMELIA ROGERS: Right. [LB461]

SENATOR HOWARD: A babysitter that you're comfortable with is appropriate. [LB461]

CAMELIA ROGERS: We have to get special permission by writing to Health and Human Services in order to take advantage of that. [LB461]

SENATOR HOWARD: I hadn't heard of that being the case, but I will... [LB461]

CAMELIA ROGERS: That's what our particular caseworker told us. Now... [LB461]

Health and Human Services Committee February 02, 2007

SENATOR HOWARD: She required that of you? [LB461]

CAMELIA ROGERS: Yes. And anytime that we go out of town we have to tell her we're going out of town and where we're going and give her addresses and phone numbers. [LB461]

SENATOR HOWARD: Absolutely, but that is not a situation where you're going to be gone to the movies for a couple hours. When you go out of town, especially if you take those children out of town, you have to acknowledge that. And I will say, when I was doing case management, I did appreciate the foster parents filling out those monthly sheets. It was so helpful to me, because that really kept me abreast of what was happening in that situation and right up to the time when I would be doing a court report and would refer to those. But I think there's some maybe some misunderstandings with the case manager and the system. Let's say the system. But it would be helpful if there was more of a dialogue and more of a opportunity for you to feel like you had input. [LB461]

CAMELIA ROGERS: Yes. [LB461]

SENATOR HOWARD: Thank you. [LB461]

SENATOR JOHNSON: Any other questions? Thank you very, very much. Next please. Sir, why don't you move up to the front here and then we'll see you sooner. [LB461]

AMY HARRINGTON: My name is Amy Harrington, H-a-r-r-i-n-g-t-o-n, and I am a foster parent. My husband and I have been foster parents for six years. Four years ago, a 15-month old girl was placed in our home. She was in our home for a period of 18 months before she was reunified with her mother. We requested at the time that she was reunified that the case manager document in this child's file that we were willing to take her back into our home if she entered the system again. The case manager noted this. In addition, he said it was best practice of the department to contact foster families that the child had formerly been placed with. This case was later reassigned to another case manager due to the original worker's high caseload. We maintained contact with this child and her family for a period of five months after she returned home. Around that time, the mother was evicted and her phone was turned off and we lost contact with her. In October of this last year, we ran into someone who had been involved in this case and learned that this child had been placed back into the system. Despite best practice of the department and the notation the previous worker had made in the file, we were never contacted regarding providing placement for this child. After numerous phone calls, I found out that this child had been abandoned by her mother. She had been put into emergency shelter. She'd gone through three different foster homes before being placed in an adoptive home. For this child to be abandoned by her mother and have to

Health and Human Services Committee February 02, 2007

go to people that she does not know when there is already a familiar home and a familiar family that she could have been to would have been much more in her best interest. It had to be traumatizing for her to be abandoned and then go through those different placements. I finally was able to contact the worker who is currently assigned to her case and she's in an adoptive home, but they haven't been able to go through with the adoption for several reasons. I asked that worker if she would contact the adoptive parent and at least allow us to give that child pictures and information, even if it was through the case manager and we had no contact with her or the adoptive parent. In talking to the case manager she agreed to do this, but then months went by and I didn't hear from her. I called her again. She stated that she forgot who I was. She didn't know anything about the situation. I explained it to her again. She agreed again to do it. That time she told me I don't follow through well so keep on me. It's February and I still have not heard anything. I don't need to have contact with this child if that's not appropriate, but I feel that there's information that I could give that child during that 18 month period that would be beneficial to her and pictures that would be beneficial to her. Thank you. [LB461]

SENATOR JOHNSON: Yeah, thank you. Any questions? Senator Pankonin. [LB461]

SENATOR PANKONIN: Really a comment more than a question. Thanks for your testimony and thanks for coming and thanks for what you do for kids. [LB461]

AMY HARRINGTON: Thank you. [LB461]

SENATOR PANKONIN: Appreciate it. [LB461]

AMY HARRINGTON: Thank you. [LB461]

SENATOR JOHNSON: Very much so. I see no other questions. Thank you very much

for coming. [LB461]

AMY HARRINGTON: Thank you. [LB461]

SENATOR JOHNSON: You're quite helpful. Sir. [LB461]

DARREL LECHNER: Thank you again, Senators, for giving us the opportunity to be here today. My name is Darrel Lechner, L-e-c-h-n-e-r, and I'm a foster parent along with my wife. I have my daughter here today and four other foster children who are currently in our home. I guess I did want to cover a few things. There's been quiet a bit of discussion today with a lot of different bills. There's a problem here with the system. There is. And as a foster parent, I'm using to speaking plainly because kids can tell if you're telling the truth like (snaps fingers) that, especially ones that have been through a lot of things these kids have. Technology-wise there's a lot of things we can improve

Health and Human Services Committee February 02, 2007

upon, no doubt. Even as a foster parent I learn something new everyday. Bureaucracv. Senator you said it best, I'm kind of like you as the devil's advocate a little bit. You throw something out, see what you catch, and it's a good thing. We do that guite a bit, too, as foster parents. And I'm really seeing where we're struggling as foster parents with any kind of communication. We're not getting things back from case managers. With the other bills introduced earlier, their case loads, I mean, that's what I'm seeing as the real issue. Where, I mean, I have one really good foster case manager right now that's really helped out a lot with two young men who...some extreme...we do therapeutic where it's a higher level of care right now. So our's is a little more traumatic in some ways. But she's made a really big difference in getting things and I do communicate with therapists and I do everything I can. If I see there's an answer I reach out to find answers to help these kids. And with the support network I have in my family, I couldn't imagine what it would be like with some others. And we are (inaudible) kids. That's why I'm here today. I'm sicker than a dog. I've been sick four days, but I knew I had to make it down here. I contacted everybody I knew so our foster kids could be taken care of while they're down here. Obviously this is kind of an emotional issue for me, but I've seen a lot of things too, in my own personal experience here. And then I'm the first to tell you I can hear numbers go one way and hear numbers go the other, and you have no answers still in the end. Because bottom line is these kids and that's why we pay taxes to take care of situations that we want to make sure these kids are taken care of. And I don't doubt anyone of you don't care anything about these kids. I did take some notes and I wanted to go through them, but it's just kind of thought... [LB461]

SENATOR JOHNSON: That's fine. Why don't you give us the page? Highlight a few things there if you like. [LB461]

DARREL LECHNER: Well, I did want to address something. Three weeks ago, prior to a meeting we had with Judge Johnson, the Governor...yeah, Judge Thomas, the Governor, and Thomas Rinkley (phonetic), I didn't know a lot of things about, say, advocating for children. I went down there so I could advocate further. If I'd have known what I'd known then, four weeks ago we'd have been able to testify in court against the case manager flat-out lying to a judge, because we had never seen him ever for four months. And supposedly been with us twice a month since they came to us. And we're with an agency. Our agency has gone with us and we've done battle with Health and Human Services for these kids and this is an agency that really cares a lot. I mean, I'm not going to go into names right now. But I could not imagine what... [LB461]

SENATOR JOHNSON: Sir, I've got to ask you not to pound on the table. [LB461]

DARREL LECHNER: I apologize. [LB461]

SENATOR JOHNSON: The transcriber doesn't like it. (Laughter) Thank you. [LB461]

Health and Human Services Committee February 02, 2007

DARREL LECHNER: I apologize. [LB461]

SENATOR JOHNSON: You're fine. [LB461]

DARREL LECHNER: I guess, there's a lot of things that could be done. First and foremost, I'd like to mention that respite care across the state, an agency or person, that would be a wonderful thing. This Bill of Rights, I'd look at it as more of a...it gives us as foster parents, a tool where we have that right to speak out a little bit more legally binding, giving us an opportunity to speak out if that makes any sense. I mean, does it to you? I mean, I know that I did that too. I ask questions because it's the best way to get answers and work (inaudible) things. But... [LB461]

SENATOR JOHNSON: We've got this rigged so we're the only ones that get to ask the questions. (Laughter) [LB461]

DARREL LECHNER: That's okay. I understand that. I was good at debate, but I do appreciate your time in a lot of this. And specific-wise, I mean, I don't like just throwing all sorts of details out there. I mean, I'm good at summarizing things and Judge Thomas said that awhile back, too. And the bottom line is it's up to you. I mean, this is a bill of rights that will give us a voice that we really need and there's no doubt in my mind that any foster family in the state wouldn't benefit from it. [LB461]

SENATOR JOHNSON: Thank you. Any questions? Senator Gay. [LB461]

DARREL LECHNER: Yes, sir. [LB461]

SENATOR GAY: Did you receive the letter like this? It's a letter from the Department of Health and Human Services about if you would like to join a group and get some more information. Did you receive a letter like this? [LB461]

DARREL LECHNER: No. [LB461]

SENATOR GAY: No. [LB461]

DARREL LECHNER: I would have been there. [LB461]

SENATOR GAY: Okay. I was just wondering. I'm going to follow up on it, I think. I appreciate your testimony. The reason I ask that it says if you are interested in participating or simply interested in sharing some ideas to contact these people. They weren't going to contact you. You needed to contact them. But I guess on that I'll do some follow-up. I just wanted to say, I guess, this is a tough, complex issue and many of us are new. Senator Pankonin, myself, and Senator Hansen were new to the committee, but just for the record, as this is a tough situation. Everyone's kind of

Health and Human Services Committee February 02, 2007

focusing on this it seems like. In the last year or so we've been focusing on it. So I think there's good work being made. I think we need to get that out there for everyone in the room. But I just wondered if you got this. And you didn't receive it. Okay. [LB461]

DARREL LECHNER: Me and my wife communicate about everything and I don't recall ever covering that. [LB461]

SENATOR GAY: Okay. Well, this may be something that maybe they could send out again. And we'll see and look for it and maybe that would be helpful, but it's just for the stakeholders group and some other things. [LB461]

DARREL LECHNER: Okay. I do appreciate it. [LB461]

SENATOR GAY: I appreciate you coming here today. [LB461]

SENATOR JOHNSON: Any other questions? Sir, thank you very much for coming. [LB461]

DARREL LECHNER: Thank you. [LB461]

SENATOR JOHNSON: Any other proponents? Sir? [LB461]

AL RISKOWSKI: Yes, I'm Al Riskowski, it's R-i-s-k-o-w-s-k-i, with Nebraska Family Council and I'm here because of phone conversations in our office. I promised to come down and speak in behalf of a number of foster parents in communication. And in that communication, I'm not going to tell any stories because the actual foster parents are here telling many stories today. I'm just going to take a moment in the many stories I heard in my office and the conversation I had boiled down, I believe, to two points that were made to me by foster parents and all their stories. One, let's develop a reasonable standard of treatment and that treatment is caseworker to foster parent. So that it's consistent, because it can vary such a great amount. There are those caseworkers who are wonderful to work with apparently, and then there are those who, for whatever reason, sometimes are unknown, whether it's busyness, whether it's personality rift. Whatever the case may be, it may be unknown to the foster parent, but the treatment standard between the caseworker and the foster parent is not functional. It's not working well. The second point I believe they made to me over and over again was a reasonable standard of communication. And that's so critical that the communication can be all over the board as well. That foster parents want to feel part of a team, working together for the best of that child. And they want to minimize the disruption in that child's life. They want to minimize the emotional trauma that may be coming to that child. They want to understand the needs and the behavior of that child to better work together to be a team, to help that child out. And in many cases, there is not a standard that is there. And so I believe this bill, LB461, helps create a reasonable standard of treatment, foster

Health and Human Services Committee February 02, 2007

parent and caseworker. It helps create a reasonable standard of communication between foster parent and caseworker and all to the benefit of a child. So that's all I have say. Thank you. [LB461]

SENATOR JOHNSON: Al, thank you. I wrote down a note here at the top of my sheet before you started speaking, and the word was teamwork, which is exactly what you're talking about. And, you know, that seems to me to be kind of the key that we have to do is develop teamwork so that...you know, we don't even know the plays, let alone sometimes hear what the game is it sounds like to me. So how can we develop this teamwork seems to me to be the thing that we have to solve. [LB461]

AL RISKOWSKI: Yes, Senator. I wholeheartedly agree and appreciate you seeing that as well. Like I said, I boiled down what I thought was a great deal of conversation to two points and that's what I kept hearing. Some caseworkers, as I said, were wonderful to work with, but it wasn't consistent. And this would help create more of a consistency. Sort of a gold standard in treatment and teamwork. [LB461]

SENATOR JOHNSON: Thank you. Any other questions? Thanks for coming. [LB461]

AL RISKOWSKI: All right. Thank you. [LB461]

SENATOR JOHNSON: Next please. [LB461]

JAMES SCHREINER: Good afternoon, Senators, and thank you, Senator Johnson and the committee members for having the opportunity to speak today. My name is James Schreiner, S-c-h-r-e-i-n-e-r. I'm a member of the Foster Youth Council speaking on behalf of myself. I'm a former ward of the state of Nebraska. I was put into care at the age of eight. I have been in 12 placements and 10 schools in that time. I am in support of LB461 and feel strongly about 1(g) and 1(i). First, in 1(g) I think that a child, if appropriate, should be able to reenter the same foster home. If a child is moved from foster home to foster home, it's really hard for them to try and adjust. Like in my case, I was moved quite frequently so it's really hard to gain trust from foster home to foster home. It also breaks the bond between the foster parents and the child. If a child is kept in one home they may have the opportunity to build more of a permanent relationship with the foster parents and also with kids in that sense. Being at a young age, I didn't really feel that I could gain friends because I moved so much. Moving onto 1(i), I lived in a foster home where there was a foster youth who was a danger to the other foster kids in the home. When my foster parents tried contacting HHS for the support and for the help of the child, they were denied help. They were just saying oh, he'll get over it or whatnot, but it ended up being that the foster child got worse and worse and ended up attacking my foster dad, and it led to the removal of all the foster youth in the home. And they ended up losing their license because of it. I think this could have been prevented and this right will help prevent it from happening in the future. In conclusion, I'm a former

Health and Human Services Committee February 02, 2007

ward and am in support of LB461. Thank you and I'll take any questions. [LB461]

SENATOR JOHNSON: Any questions? Senator Pankonin. [LB461]

SENATOR PANKONIN: Thank you, Senator Johnson. Just curious about where you're at now. What are you doing? And we appreciate you coming to testify today, by the way. [LB461]

JAMES SCHREINER: I am assistant manager at Jiffy Lube in Omaha. I'm also a member of the National Guard. I do weekend training until I leave for training in June. And yeah, I just aged out here in the start of January. [LB461]

SENATOR PANKONIN: So did you graduate from high school then? [LB461]

JAMES SCHREINER: I'm actually graduating this May. [LB461]

SENATOR PANKONIN: Good. Well, thank you. [LB461]

SENATOR JOHNSON: Any other questions? Before you go let me tell you, the people that I admire the most are the ones that succeed with difficult circumstances in doing it. Congratulations. [LB461]

JAMES SCHREINER: Thank you. Thank you, Senators. [LB461]

SENATOR JOHNSON: Next please. [LB461]

CYNTHIA WOODBURY: Good afternoon, Senators. Thank you for allowing us to come here and testify in front of you guys today. My name is Cynthia Woodbury, W-o-o-d-b-u-r-y, and I'm here as a member of the Foster Youth Council as well. speaking on behalf of myself. I'm here in support of LB461. If I could read every word to show my support for the bill I would, but I'm going to kind of sum it up for you. I'm also a former ward of the state of Nebraska like James just said. I'd like to call attention to Section 1(d). From my personal experience in the Nebraska Foster Care System, I think it's important for foster parents to be able to build a unified network surrounding the child's best interest and this right makes that possible. The next section I'd like to bring your attention to is Section 1(g), and to kind of summarize it it's the right to be considered, when appropriate, as a first placement option when the child reenters foster care. Because I was able to return to the same home, I was able to accomplish personal goals. I experienced what a stable, permanent placement was and in turn, I grew from my experience. I also believe that when a child is able to return to a previous positive placement, a relationship grows and that placement relationship permits a network of people coming together for the child's best interest to make better judgments in the child's best interest. Foster parents often act as a child's only safety net, their only

Health and Human Services Committee February 02, 2007

advocate, and it's important to keep them involved so that they can advocate and they can do their job and they can provide caseworkers with information that will be effective. And them being with the child everyday ensures that, you know, they have the knowledge. They know the kids. They are probably the ones who know best about what's good for them, rather than a caseworker who may meet with them every month or may see them every six months. So in conclusion, I'd like to restate that as a former foster ward, I am in agreement with LB461. Thanks for listening. [LB461]

SENATOR JOHNSON: Thank you. Senator Hansen. [LB461]

SENATOR HANSEN: Thank you, Senator. Would you ever consider being a foster parent? [LB461]

CYNTHIA WOODBURY: We get that question all the time. (Laughter) I would say yes and no. I kind of go back every now and then because of the experience that I had to watch my foster parents go through, not getting support from HHS and not ever getting phone calls back, and the things that they wanted that they just didn't have the support network there for them would be my answer for no. But yes, because I'm passionate about helping kids and that's why I'm part of the Foster Youth Council and do the things that we do. [LB461]

SENATOR HANSEN: Thank you. [LB461]

SENATOR JOHNSON: Any other questions? Thank you for coming. [LB461]

CYNTHIA WOODBURY: Thank you. [LB461]

SENATOR JOHNSON: Any other proponents? I'd hate to be you because you can't top those kids. [LB461]

KATHY MOORE: (Exhibit 2) Tough act to follow. (Laughter) Twice in one day, right? Well, you're absolutely right and I guess I could just come up here and say ditto and leave, but I have never done that before. So I guess I'm here... [LB461]

SENATOR JOHNSON: The transcriber might know your voice, but you better identify yourself. (Laughter) [LB461]

KATHY MOORE: Yeah, that's true. I'm Kathy Moore, executive director of Voices for Children in Nebraska. And I'm wearing that hat today, but probably more importantly I'm wearing the hat of a former foster parent, because I started this advocacy journey in the mid-seventies as a foster parent. I was a foster parent for eight years. We had 35 children come through our home in those eight years. And sadly, every story that you've heard today I sat here 25-30 years ago and told the same committee, different players,

Health and Human Services Committee February 02, 2007

the same story ranging from a child who was two years old who I did get some medical information on, which included the fact that he suffered convulsions, was on medication, but when he was brought they didn't bring the medication and tried to tell me that if I waited until Monday that would be sufficient. We frequently knew that there was a court hearing coming up. A couple of times it even was to terminate parental rights, but we didn't get phone calls at the end of the day to tell us or the children in our home what decision had been made even though their parent had told them about the upcoming court hearing. I, too, experienced this odd cycle that I've never been able to figure out in 30 years, in that the stronger advocacy voice I developed sometimes the least response you get from caseworkers. I thought Camelia did a marvelous job and I would hope that she was following in my footsteps. So I don't understand that cycle. I agree there are well-intentioned, outstanding workers and I also agree that there are some who are simply not accomplishing the job that needs to be accomplished. In our previous hearing, I assumed that better case loads would address that, but all of the efforts that have gone on in the last 30 years have not changed this circumstance. We have not had a Foster Parent Bill of Rights. I would hope that passage of this bill and creation of that Foster Parent Bill of Rights would begin to change the circumstance. I actually was the person who invented the monthly child assessment form that Senator Howard referred to. And it took me six years to get workers to remember to take it off the shelf and use it. We ended up putting it in policy. And so it greatly saddened me to hear the response from the workers saying it's not necessary, don't use it. I urge you to pass this legislation. I think it makes a strong, strong statement in support of and with respect for the difficult job that foster parents are doing. And I would be more than willing to work on any necessary amendments. Senator Howard, who isn't here, questioned the use of the word when appropriate. As you'll see in my amendments, I'm suggesting adding another one and the reason for that is that there have been times that pendulum swings have occurred, and when language is inserted that says the department shall encourage the development of working relationships between a foster family and a child's family, sometimes that's not appropriate. Sometimes it's dangerous. And over the course of the last 25 years there have been bills passed with encouraging language and it has been literally interpreted so that every foster family is now required to communicate. And sometimes that isn't appropriate. So if we need to work on a better definition or the use of a stronger word, but I do think there needs to be an indication here that this isn't a blanket that falls across all cases. [LB461]

SENATOR JOHNSON: Senator Gay. [LB461]

SENATOR GAY: Yeah, when I read when appropriate, too...I don't know. I think it needs to be a little stronger. [LB461]

KATHY MOORE: Right. [LB461]

SENATOR GAY: So I don't know what the answer is today, but... [LB461]

Health and Human Services Committee February 02, 2007

KATHY MOORE: And I'll think about it and get a note back to you if I can think of

something. [LB461]

SENATOR GAY: Thank you. [LB461]

SENATOR JOHNSON: Any other questions? I see none, thank you. [LB461]

KATHY MOORE: Thanks. [LB461]

SENATOR JOHNSON: Any other proponents? Seeing none, any opponents? Mr.

Neutral, would you like to come forward? (Laughter) [LB461]

TODD RECKLING: Thank you for the opportunity to do this again. [LB461]

SENATOR JOHNSON: (Exhibit 4) Well, I think there's no question that everybody in the room is interested in trying to do a better job, and unfortunately you're the one that gets stuck with trying to put a couple hundred, if not thousands of pieces together. Let me say one other thing here before you start, and that is here's a note that says a letter of support from the Center for People in Needs. So we'll file that, thank you. Go ahead, sir. [LB461]

TODD RECKLING: (Exhibit 3) Once again, Senator Johnson, good afternoon, members of the Health and Human Services Committee. My name is Todd Reckling, R-e-c-k-l-i-n-g, and I'm the administrator for the Office of Protection and Safety within the Health and Human Services system. I'm here in a neutral capacity today to offer information as you consider LB461. LB461 provides rights to foster parents with respect to the placement of any foster child. For a number of years, the department has worked closely with the Nebraska Foster and Adoptive Parent Association, NFAPA, to provide supports to foster and adoptive parents. Through our partnership with NFAPA, the following supports are provided to foster and adoptive parents. We have an inquiry line for potential foster parents which links them with an experienced foster parent who can assist them throughout the process of becoming a foster parent. Annual training conferences for parents. NFAPA also provides an annual adoption conference for adoptive parents or families interested in adoption. They do mentors to provide support to foster and adoptive parents as they face the day-to-day challenges of caring for children and managing through the system. A quarterly newsletter to provide up-to-date information and continuing education for foster parents. There's also an exist survey of foster parents leaving the system, asking for feedback on their experiences so that we can continue to make improvements to support the retention of foster parents. The rights the are identified in LB461 related to foster parent expectations when working with the department are currently supported in existing department policies, guidebook and practices. I know I handed a lot out to you, but I gave you copies of our guidebook

Health and Human Services Committee February 02, 2007

and our policies and practices. An issue for consideration is the potential for an unintended increased liability for the state as a result of expressing these policy statements as rights. Any time a right is created by law, if that right is violated a person can sue for damages. This bill would create substantive rights and any foster parent could legitimately sue the state for monetary damages if the foster parent felt any of the rights had been violated. Title 42 U.S.C. Section 1883 (sic-1983) is a federal statute designed to provide a remedy to parties for violation of federally protected rights committed by persons acting under color of law. Case law that has developed under this statute has held that a public official's actions meet the color of the law requirement when they act under the authority of state law, as long as a federal right is involved. It is possible this bill could also provide a basis for a federal suit as well. The committee may want to consider alternative language to convey that we believe is the intent of LB461, that is to recognize the significant importance and value of our foster parents and to convey expectations of the department as we work with foster parents. And I've also attached in your packets a sample of such language. The committee may also want to consider that there are a number of providers of services offered through the department. For example, through our Developmental Disabilities or Behavioral Health programs, who may also ask for similar recognition through law and who may identify many of the same tenets as described in LB461. In summary, I'd like to emphasize that we view foster parents as a critical partner in providing for the safety and care of children who cannot live with their biological families. I want to emphasize that we have had and continue to have an excellent relationship and partnership with NFAPA and share with them a mission to provide the best possible supports to foster and adoptive parents. I would be happy to entertain and answer any questions that I can that (inaudible) may have. [LB461]

SENATOR JOHNSON: Senator Hansen. [LB461]

SENATOR HANSEN: Thank you, Senator Johnson. Todd, I was looking through these and I assume that your brackets here are Section 2 and Section 6, and 2 and 4, and that. Do you make this document available to foster parents prior to their getting the children? [LB461]

TODD RECKLING: Not that specific document. I think you heard one of the other prior foster parents testify that she was familiar with our regulations. Our regulations are on our website as well as our guidebook. They are talked about and discussed also in our training, but as far as a packet identical to that that is not delivered. [LB461]

SENATOR HANSEN: This I can read in about 10 minutes if I read real slow. Read like Senator Chambers and read every word. I don't know how long it's going to take read this and get this out of here. I mean, it's much harder to read. This is very simple to read and it looks like a duplication. Can we get by without using the word rights? Foster parents' guidelines. [LB461]

Health and Human Services Committee February 02, 2007

TODD RECKLING: Yeah, I think we offered some suggested language. So we'd certainly be happy to work with the committee on any type of language that would not be something would not be something such as the actual word rights. [LB461]

SENATOR HANSEN: That's what you're hung up on, is just the word rights? [LB461]

TODD RECKLING: Yeah, it has... [LB461]

SENATOR HANSEN: Because they come back and sue the state for monetary damage. [LB461]

TODD RECKLING: Correct. Rights has a absolutely different connotation than certain other words under the law. [LB461]

SENATOR HANSEN: Foster Parent Bill of Common Sense. (Laughter) They can't sue for that can they? I'm serious. [LB461]

TODD RECKLING: I would concur with that statement. [LB461]

SENATOR HANSEN: Okay, thank you. [LB461]

SENATOR JOHNSON: Senator Erdman. [LB461]

SENATOR ERDMAN: Todd, it may seem like you're the guy responsible for sweeping the sand back into the sea at times and it's not a probably very enjoyable position to come and sit through some of this and I know that you care about the results of the department and how those kids are treated in your programs that you're responsible for administering. It would seem to me, as we have in a lot of cases, that a lot of these things are avoided with a more humble attitude, I guess, towards the process. And, you know, there's a lot of things that are going to be changing in HHS, and my hope is that we change the things that need to be changed. That we don't forget the things that also need to be a part of that and some overlooking. This has gotten a lot of attention--foster care in general. You know, we in my office have been working on a number of issues, not directly related, but relating to the rights of these young kids and how they're treated in the state as, you know, as this process goes out. I guess the logical thing is that the bill is probably not needed if the rules and regulations would be applied. And it's probably hard to apply them because of the number of workers and the difference of background. The case load that they have may be a part of that. But, you know, what about the idea that Senator Gay has? I was joking with him earlier that he was stealing my ideas, but I mean, are there tools available that we can do that are both protecting the confidentiality of the children through the system while providing opportunities for parents. And you know, I mean heck, if I can figure out how to check my bank account

Health and Human Services Committee February 02, 2007

from anywhere in the world and have confidential protection in doing that under the Patriot Act and all the other things that we have to comply with under federal law, I've got to think that there's a way, because the last thing that you want to have happen is you want to have your caseworkers have to be able to make phone calls on all these calls. And if there's a way to streamline that process to make that information readily available and help to fulfill some of these things that are currently in rule and reg, you know, can we put the right thought together to figure out how to do that? And it may be a bigger question than we're envisioning. But you know, if you're a student at the University of Nebraska-Lincoln, you can log onto the blackboard and you can take your classes and you can do all that, you know. Similar technology has got to be available. We're talking about bills that have been introduced by the department to do electronic medical records to transfer when the person gets picked up at an emergency site with a ambulance and to be able to make sure that if they get Life Flighted to the med center that that record follows that person. I mean, the technology is available. It may be a circumstance where we have to go up to 35,000 feet to see the way out of the forest, you know, but I hope you realize and from my experience on this committee, that we want to be able to solve the problem. This I...you know, I'm a co-sponsor for LB461. I don't like putting the word right in statute either, but I think it's appropriate for us to have these types of conversations. I think you have the right attitude. You just need to be able to sit down with the right folks and we need to know who those folks are to make sure that this becomes a reality. I mean, these young people that are willing to be foster parents, they're not telling me any different story than I'm hearing from some of the people in my district. And it's just a matter of having those open lines of communication and having that respect. And if we had 100 kids in foster care this would be a lot easier than having the thousands that we do. And so you probably don't need to respond other than I know you're willing to work with us and, you know, we look forward to that opportunity. And whether we need to put it in statute or not may be irrelevant. I think it goes beyond that and I think just comes back to the fact that we all need to figure out how to make it happen. [LB461]

TODD RECKLING: If I could indulge... [LB461]

SENATOR ERDMAN: Go ahead. Sure. Talk for 15 minutes if you'd like. [LB461]

TODD RECKLING: I would like to actually...I understand and appreciate your comments and just like to maybe respond and tie a couple of those things together. Absolutely, the foster parents are critical to us. The 7,200 state wards that we currently have in our care, custody, and control, on any given day, I have about 5,000-plus kids in care. That breakdown of those 5,000 kids, I typically have about 3,300 kids in some type of foster care setting, whether that's from traditional foster care to agency-based to a therapeutic foster care. And then the other remaining 1,700 kids that are in some type of facility-based program. So there's no doubt that foster parents are critical to our success. I think that there are a couple things and I know that you've heard testimony

Health and Human Services Committee February 02, 2007

here today that maybe the tides aren't changing or not changing quick enough, but I do believe that reform is happening and is here on a couple different avenues. The fact that we have a close relationship with NFAPA. As a matter of fact, I just had a meeting with them this morning and we talked about how to systemically take a stab and move forward with resolving some of these very issues, if not all of them that have been discussed here today and some more with foster parents. So as a system we can sit down. We identified several issues that I heard. You heard testimony about the advocacy day where the foster parents heard from the Governor and I got to speak at that as well, and then also Judge Wadie Thomas. Things are working better in other areas than some. And so we want to do a couple of things. A reform within Health and Human Services is something that's critical. The most complaints I get on my desk in a day is certainly involve foster care to some degree, so it is an issue for us that we're ready and willing to move on. Also, with that said, I know the inclusiveness is something that's very critical, and Senator Johnson, you mentioned teamwork. We can't do this alone and we recognize that. Foster parents do the 24/7 care for the kids. They have to be recognized as part of that team. One of the things we're moving toward, and again we're not there, but we are moving, under Nancy Montanez' direction and under Chris Peterson's continued direction are moving to make sure that we infuse further within our system family center practice. And it's not just a statement to us, but there's our values, principles, and beliefs such as treating people with dignity and respect, making sure that we are looking at strengths, making sure we the team approach. So that's happening and it's not there where we want it be, but we're moving that direction. We also have put into place an accountability system where we have performance measurements on our workers and supervisors and administrators that (inaudible) plan the performance evaluations. Another big thing about inclusion is getting that information to our workers and vice versa. Us being responsive to them, making sure that that information gets to the court through a case planning core report, making sure that the foster parents have an opportunity to speak in court. When the court reforms through the summit that's occurring that these regional teams are also addressing, how do we make sure that the foster parents are able to talk and have a voice into what's happening? They're important. Their information is critical. We have some courts that allow foster parents to actually speak and others that may show up for court and not have that opportunity to speak. So it's being addressed through those regional meetings. There's lots that needs to be done, no doubt, and it's critical for us to move forward with this. We're very excited about the opportunity to help move this forward. With that said, I'm not guite sure getting to your issue with the technology, I think I'd like to hear a little bit more about what kind of is needed. Senator Howard mentioned, and others, we do have an in-focus system that our workers input information into. So that information becomes a matter of case record that you mentioned, Senator Gay. We have both the hard copy file as well as the information that's under our federally required state child welfare information system. So then medical information should be logged, and other information about the child in the computer system. And that information, I think, what I heard today is some hot times who has access, who is getting the information, the timeliness of that information. Any

Health and Human Services Committee February 02, 2007

opportunity for us to improve our technology and increase through any type of actions with the government certainly important to us. We do have some avenues available to us now where we have some secured websites as you just mentioned, and I think that there are some avenues that are readily available now that could be either utilized or better utilized for some of the conversations we heard today to help address some of those issues what with transfer of information, communication, and accessibility. [LB461]

SENATOR ERDMAN: And, you know, I'm not going to tell you how to do it as far as the technology side of it. It just seems that the issue isn't whether the information is there. but how has access to it. I think you've got that right. And I think you can do it. The in-focus system is not going to be eligible for someone off the street to walk in and say hey, let me look and see what you've got in there. That's not going to happen. But if you go through an appropriate way of accessing that information, you know, it's difficult to find out what you need to know if you don't know. And so it's a matter of making sure that they the mechanisms to do it if there's a way to have basic information. If there's a way to have those things, you know...and I'm sure the folks who are here today testifying and Senator Gay and myself would be happy to kind of share kind of what my vision would be, and then you can tell us whether it's realistic or not. At the end of the day, you could do your job perfectly and you could do exactly what you need to do and there will still be people that say you should do it better. You know, we're going to be here to help you with that. We both have a responsibility to make sure that the laws of this state are appropriately applied and that it applies to action, because these words have to mean action and no matter what we want to say, you know, actions are going to speak louder than words. And, you know, there are going to be folks that are going to come before this committee and say well, we need more money for these programs or those programs. We may disagree philosophically, but at the end of this day, you know, we have to view each other as teammates in this effort recognizing that we're from different branches of government, but I think that's what this is about. And whether this bill goes forward or not, I think we've had a healthy discussion about some of the things that need to have some light shined on both from our knowledge to be able to know the things you are doing well, the things you are working to improve, and at the same point, things that we can do to encourage you to do things maybe a little better. And again, it's got to be a partnership and this whole thing hangs on those young people and those parents that are willing to take these young people into their homes and to show them love and to try to provide them a home that they may not have ever had. And so it's a very humbling experience and, you know, I see these people that come up and I...one of the first things that surprised me when I got elected--not to belabor this afternoon--but I had a town hall meeting. One of my districts and, you know, I just wanted to meet people. Everybody there was an elected official or some prominent member of the community that wanted to get to know who I was and we wanted to talk about things. And within the first half hour of the meeting, we were talking about how they were all foster parents at one time and how they'd never do it again. Well, that wasn't an interest

Health and Human Services Committee February 02, 2007

to me. That wasn't an issue I ran on, you know, in the campaign. But I saw quickly how it affected so many other people that you may not even recognize. And they've been a valuable part of this discussion. I know that when Nancy Montanez was here, I visited with her because it came from a region that she used to be a director in, and so we had some discussions. But you learn this process and if we continue to learn we'll continue to become better and we'll continue to work. And if the goal of everybody here is to make that happen then I think we can be successful. And anytime we're in court it's always a step back to try to accomplish that, because we're trying to defend ourselves instead of moving forward. And so hopefully we can avoid those circumstances as well. [LB461]

SENATOR JOHNSON: Pankonin. [LB461]

SENATOR HOWARD: You are so nice. Thank you. (Laughter) [LB461]

SENATOR JOHNSON: I'm looking that way first. Senator Pankonin. [LB461]

SENATOR PANKONIN: Thank you, Senator Johnson. Thanks, Senator Howard. Todd, the bottom line, I guess for me, is when someone as bright and articulate as Mrs. Rogers came to me today. And I think about a person who's young, but who's had good education and wants to do the right things. These are the type of people we need to be foster parents that can make a difference. I made a statement to her today and she can verify it. I said what you're doing for public service is more important than I'm doing, and I honestly believe that. You know, it's been a long week. It's been a long day. But people like that are more important. We need to support them. I'm going to keep in contact with her. I asked for her numbers, because the ... and, you know, if just even took a small sample yourself and kept in contact with these people. Maybe she didn't have the right case worker. I don't know. Maybe it's an isolated deal. My hunch is from listening to her, though, she didn't have some of this information. I hate to put this in statute, especially with rights that open up lawsuits. That would... I hate it. I hate to even think about it, but we're not getting it done. That's why we've had enough people tell us and if we don't do it this year, I sure will be an advocate for it next year. But my background is business and if my customers aren't happy, I'm out of business. Our family has been at it, same business, 124 years, and that's from really, I mean, listening and serving the customers. The customers maybe are the kids, but this is the interface here. And I look at this way and we've got to do better. You know, not every situation is going to be perfect. I've got people that weren't happy with me, but if enough of them leave I'm not in business. So that's always been my attitude and when you have people like Mrs. Rogers that come to you, I said I want to keep in contact because they're the type of people we need in this system to try to help these kids. So I just appreciate you working on it. See if we can get better. We can have all these reports this high, but we just got to try to make it better. And I know it's tough for you, too, and what you do as well. [LB461]

Health and Human Services Committee February 02, 2007

TODD RECKLING: I look forward to sharing with this committee the improvements that are being made and will be made. [LB461]

SENATOR JOHNSON: Senator Howard. [LB461]

SENATOR HOWARD: Thank you, Mr. Chairman. I apologize, Todd. I was called out and didn't hear the first part of your presentation. But I would really like to know why it is that the department is reticent to support a Foster Parents Bill of Rights. [LB461]

TODD RECKLING: Senator, I think our concern is with the potential liability that it opens up through the use of that term, both for federal as well as state liability issues. Certainly I think if you read my testimony and have heard me speak today, the intent and content and premise behind this is absolutely something we believe. So much so that it's in policy. I think the issue that we've heard here today is where does the rubber hit the road? And is policy and practice one and the same? And certainly, you know, we're not where we want to be and we need to make steps to improve that. Again, my information in sharing with the NFAPA this morning was based on how do we tackle this at the regional and local levels. You have a copy of the letter from one of our local offices to start that dialogue to maybe either do some type of focus groups or whatever so we can have some locality, so we have that information and feedback. And then also at the larger systemic level that's happening with myself and NFAPA directors so we can make sure we're addressing those system things. So it's certainly something that we need to improve the language in the bill. The content is not the issue, it's the specific wording. [LB461]

SENATOR HOWARD: Well, and I couldn't agree more with what Senator Pankonin said. The foster parents are asked to do a pretty incredible job when we ask them to take a child who's been damaged and to love that child and to treat that child like a family member, like their own child. And then if the time should come we ask them to hand that child over and there are situations where they're worried. They're anxious about where that child could go. And I think the very least they deserve is a call back. And I'm not saying only from the case manager, because I know full well how difficult that is to return every call every day. I think the case manager has a responsibility as does the supervisor as does the administration. And I have heard situations where foster parents have tried to reach people in the administration, Maria Lavicky, have left a message for her and never received a call back. And as far as I'm concerned, that's as big of a problem as the case manager not calling back. [LB461]

TODD RECKLING: I would agree. Our system as a whole needs to be responsive. And I think you summed it up. Communication is a key... [LB461]

SENATOR HOWARD: Absolutely. [LB461]

Health and Human Services Committee February 02, 2007

TODD RECKLING: So we need to know right from the beginning what the expectations are. Will this child stay in foster care? Will they be adopted? That road between returning the child or adoption is certainly a tough one. But knowing right up front what the issues are with the child, what we heard today, you have to have full disclosure so the foster parent knows what's going on, being a part of the team that's actually talking about the progress that's being made or lack thereof, and the permanency objective for the child that needs to happen. [LB461]

SENATOR HOWARD: You don't always know right up front if that child is going to remain in foster care or return home or be adopted. That's not clear from the initial intake assessment. There are too many unknowns at that point, but the honesty that goes into that, the sharing that goes into that, the exchange of information, the contact...and like I say, not only from the case manager, because we hold the case manager accountable. We like to use the word accountable. It starts at the top and I sincerely believe that. [LB461]

TODD RECKLING: I agree with you. I have as much part in this system. And you know, my face is on the system for child welfare. So I certainly recognize that and it does start at my office and vice versa. There needs to be two-way communication and accountability. Absolutely. [LB461]

SENATOR HOWARD: Absolutely. Thank you. [LB461]

SENATOR JOHNSON: Other questions? Well, Todd, before you go I've got to put in about two cents worth... [LB461]

TODD RECKLING: You got a cookie for me, Senator? (Laughter) [LB461]

SENATOR JOHNSON: ...and as I was sitting here, you know, a couple things have popped into my head. One is it seems that legalism is trumping good care. And that we get so tied up in rules and regulations that we fail to create this teamwork that is absolutely essential. As Senator Hansen was kidding you about this and it's...but maybe it's just a comment on our legalistic society that we are so concerned about the parents' rights that are lousy parents by any definition, that we can't take care of an innocent person. We've got to correct that situation. It just cannot go on any longer. And I guess one other little thing that kind of popped in my head that somebody had a discussion with me once when there was some doctor that kind of screwed up and maybe wasn't very good. And he wanted to make all kinds of laws to get rid of those kind of people. And said what can we do to get better doctors? And I said get the best people that you can to become doctors. It's the same thing here. How can we get the best foster parents? Get the best people. The more we discourage them by the actions that we've heard today, the harder it's going to be to get the good people and get the good results.

Health and Human Services Committee February 02, 2007

So we've got to find a way. With that... [LB461]

TODD RECKLING: Just a quick comment. I won't take more than 30 seconds. I think whether you would pass this bill or not, I think the question is whether it's a law as written or something else? I think the most important thing for me is how do you know that it's happening and what is that follow-up and monitoring mechanism to know that change is occurring. So thank you. [LB461]

SENATOR JOHNSON: Yeah, agreed. With that, thank you very much. Anyone else? Senator Dubas. By the way, how do you like to pronounce your name? [LB461]

SENATOR DUBAS: Dubas. [LB461]

SENATOR JOHNSON: Dubas. [LB461]

SENATOR DUBAS: Yes, but I'll answer to just about anything. (Laughter) [LB461]

SENATOR JOHNSON: It's been a great day. Thank you for coming. [LB461]

SENATOR DUBAS: Houston, we have a problem. That is a line that mobilized our entire country. It brought together a coalition of people who knew that we had some people in serious, serious trouble and how were we going to get those people back to safety. And it was a team effort that brought those astronauts back to safety and back to their families. I'm here to tell you, Nebraska, we have a problem. And we owe those people behind us and in the rest of this state that same concerted effort to bring them out of that big, black hole and provide them the dignity and the respect that they deserve, and so much deserve. I see this bill, LB461, as a first step to lay that foundation to adequately support, respect, and encourage foster parents. These people are a safe haven for the children whose lives are in complete chaos and confusion. We are making major organizational changes in Health and Human Services. And I stated previously on the record that I appreciate the time and energy that's been put into this reorganization, but we are dealing with a systemic problem and an ongoing problem. A problem that's been ongoing for a long, long, long time. These issues were not caused by the children, by the families, or the foster families and I don't want the changes that we're looking at in HHS to be in name only. And I will agree with the comments made here today. It is a very sad day when we are relegated to legislate basic human rights. Again, I offer this bill as just one of the bricks that we can use to help build a strong foundation and to place our foster parents and foster children in line for the support and the respect and the dignity that they all so richly deserve. I'd be happy to answer any questions. [LB461]

SENATOR JOHNSON: I see none. [LB461]

Health and Human Services Committee February 02, 2007

SENATOR DUBAS: And I really, really encourage you to pass this bill out of committee. Thank you. [LB461]

SENATOR JOHNSON: Thank you and thanks everybody that has come today. And that's the conclusion of the hearing on LB461. Thank you very much. [LB461]

Health and Human Services Committee February 02, 2007

Disposition of Bills:	
LB410 - Indefinitely postponed. LB411 - Indefinitely postponed. LB461 - Advanced to General File, as amend	ded.
Chairperson	Committee Clerk